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KENT COUNTY COUNCIL.

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1925,

BY

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.,

BARRISTER-AT-LAW,

County Medical Officer of Health.

Maidstone :

W. P. DICKINSON & SON, LTD., POST OFFICE PRINTING WORKS, HIGH STREET

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September 25th, 1926.

To the Chairman and Members of the Kent County Council.

MY LORDS, MADAM AND GENTLEMEN,

I beg to submit herewith my Fourteenth Annual Report on the Public Health and Sanitary Condition of the County of Kent, for the year ended December 31st, 1925.

The report sets forth the work in connection with various public health activities under the administration of the Kent County Council. The vital statistics of each sanitary area are included, as are observations as to improvements during the year, and deficiencies in matters relating to local sanitary administration.

It will be found that the report treats in considerable detail most of the subjects which fall within its purview. The Ministry of Health require that an Annual Report shall take the form of a "Survey Report," in every fifth year—that is, that it shall review the preceding five years from the standpoint of change and progress. Accordingly, as far as has been possible, this report has been framed upon the lines laid down in Circular 648 of the Ministry of Health, dated December 10th, 1925. It may be pointed out, however, that in the reports of the preceding years I have not attempted any rigorous curtailment, since much of the usefulness of a report is lost by undue scanty treatment. Certain additional statistics have been introduced in order that this particular report shall be of increased value as a work of reference.

I think that the statistics prove that the developments of the last few years, in such matters as infant welfare and treatment of tuberculosis, have borne fruit, and it is hoped that another large advance will be made by means of the introduction of the scheme for the treatment of crippled children, which has been recently drawn up.

The birth-rate in the combined urban districts remained the same as in the previous year, but still another slight fall is to be noted in the combined rural areas, with the result that a record low figure is shown for the county.

Infantile mortality shows a slight increase for the rural districts, and for the urban districts the rate reached the same figure as in the previous year. The rate for the whole of England and Wales, however, showed no reduction on the figure for 1924, so that Kent's slight retrogression in this direction is not alarming; and there will be no slackening of effort on the part of those whose work has shown such wonderful results in the past decade or two.

Another increase in the death-rate from cancer is to be noted in both the urban and the rural districts of the county.

The general death-rate shows a slight increase over that of the preceding year, such increase being more marked in the rural districts than in the urban districts.

The incidence of infectious diseases compares satisfactorily with the figures of previous years; while the death-rate from the seven zymotic diseases, although showing an increase, is not exceptional.

Pulmonary tuberculosis, with a death-rate of 0·72 per thousand of the population, shows a decline of 0·18 on the average figure of the past ten years; and the death-rate from other forms of tuberculosis was 0·07 below the ten year average, and *less than half* the rate recorded in 1915. Complete details of the county scheme in connection with this disease will be found in the body of the report.

The county bacteriological and pathological laboratories continue their satisfactory and much appreciated work.

Great credit is due to all the members of my staff, who have carried out their duties in a most satisfactory manner.

I desire to thank you for your unfailing interest in the work of my Department, and for the support which is always accorded to me. I would also express my sincere appreciation of the co-operation of the district medical officers of health—a factor which is of considerable assistance in the satisfactory execution of the work of a large County Health Department.

I am, my Lords, Madam and Gentlemen,

Yours obediently,

ALFRED GREENWOOD.

KENT COUNTY COUNCIL.

PUBLIC HEALTH COMMITTEE.

This Committee reports to the County Council on all matters concerning the Public Health. Its constitution for 1926 is as follows:—

AMES, W.	HARRISON, THE REV. T.
BARKER, W. COBBETT	HAYWARD, F. H. W.
BILLINGHURST, E. A.	IGGLESDEN, C.
CANNON, T. N.	LAWES, R. L. MURRAY
*CHALMERS, KENNETH E., O.B.E.	LINDLEY-JONES, W., O.B.E.,
CHILD, SIR COLES, BART.	*MUMFORD, C. E.
COLE, T. C.	NORMAN, A. C.
COLLET, SIR MARK E., BART.	PARSONAGE, S.
*CORNWALLIS, COL. F. S. W., C.B.E.	*PAYNE, F. WALTER (Chairman of
(Chairman of the County Council)	the Finance Committee)
DYE, SIDNEY	PINK, L. M.
*EWING, GUY B. (Chairman of	RUSSELL, J.
Committee)	*SACKVILLE, THE RIGHT HON. LORD
GEARY, SIR W. N. M., BART.	(Vice-Chairman of the County
GULLY, G. JAMES	Council)
HANNEN, THE HON. H. A.	TOMLIN, J.
HARDY, THE RIGHT HON. LAURENCE	*WIGAN, MISS E. J.
HARRIS, THE RIGHT HON. LORD,	*WILFORD, JOSHUA
G.C.S.I., G.C.I.E., C.B.	

The Public Health Committee, as above, with the following additional members, constitutes the Maternity and Child Welfare Committee:—

MRS. M. H. S. HATFIELD, of Hartsdown, Margate.

MISS PICKERSGILL-CUNLIFFE, of Pilgrim Cottage, Horsted Keynes, Sussex.

MRS. C. T. SKILBECK, M.B.E., of The Quarry, Brasted, Sevenoaks.

The following members are nominated by the Kent Insurance Committee to serve on the Public Health Committee when matters dealing with the treatment of tuberculosis are under consideration:—

F. F. WEBB, of “Amesgarth,” Homefield Road, Worthing.

J. A. WHYTE, of 27, King Edward Road, Maidstone.

The Members marked * constitute the Lenham Sanatorium and Cranbrook Convalescent Home Management Sub-Committee.

LOCAL AUTHORITIES.

5

BOROUGHES AND URBAN

Urban and Borough Councils.	Clerks. (1926.)	Medical Officers of Health. (1926.)	Public Health Staff.		†Date of Receipt of Annual Summary.	
			Sani- tary Inspec- tors.	Clerical		
Ashford U..	J. Creery ..	*D. MacDougall ..	1+	—	May	19th
Beckenham U	F. W. Gedney ..	*J. M. Clements ..	2	3	August	10th
Bexley U ..	T. G. Baynes ..	T. W. Hinds ..	2+	1	August	3rd
Broadstairs U	E. F. Owen (Acting)	*A. M. Watts ..	1+	—	March	2nd
Bromley B	F. H. Norman ..	*K. E. Tapper ...	2+	1	—	—
Chatham B	E. B. Lee ..	*J. Holroyde ..	3 (1+)	2	May	13th
Cheriton U	A. Atkinson ..	*D. MacDougall ..	1	1	May	19th
Chislehurst U	J. J. Brown ..	*P. N. Cave ..	2	—	April	13th
Crayford U	L. B. Burslem ..	C. M. Ockwell ..	1+	—	August	4th
Dartford U	J. J. Hurttley ..	T. Farthing ..	1+	1	June	2nd
Deal B ..	D. A. Daniels ..	F. M. S. Hulke ..	1+	1	May	4th
Dover B ..	R. E. Knocker ..	*A. B. McMaster ..	3+	3	July	19th
Erith U ..	D. S. Twigg ..	*A. E. Jerman ..	2 (1+)	2	July	16th
Faversham B	Guy Tassell ..	C. J. Evers ..	1+	—	Feb.	17th
Folkestone B	A. F. Kidson ..	*M. G. Yunge-Bateman ..	3+	2	April	30th
Gillingham B	F. C. Boucher ..	*W. A. Muir ..	3+	2	August	31st
Gravesend B	H. H. Brown ..	*C. D. Outred ..	3 (1+)	1	March	18th
Herne Bay U	G. H. Beetenon ..	*A. M. Watts ..	1	—	March	2nd
Hythe B ...	H. Stainer ..	*D. MacDougall ..	1+	—	May	19th
Lydd B ..	C. J. Roberts ..	M. B. S. Button ..	1	—	May	18th
Maidstone B	S. Lance Monckton	C. Pye Oliver ..	\$2 (1+)	2	March	24th
Margate B	E. Brooke ..	*R. McCombe ..	3 (2+)	1	April	16th
Milton Regis U	A. H. Filmer ..	*A. J. Wernet ..	1	—	April	9th
New Romney B	W. Lamacraft ..	A. McMillan ..	1	—	March	26th
Northfleet U	C. R. W. Haedicke..	H. T. Sells ..	1+	—	March	31st
Penge U ..	A. J. Elson ..	R. Wilkinson ..	2+	1	March	13th
Queenborough B	E. C. Harris ..	*W. C. D. Hills ..	1	—	March	24th
Ramsgate B	A. Blasdale Clarke	*W. J. Bannister ..	2 (1+)	1	April	15th
Rochester City	A. Kennette ..	*S. J. Pritchett ..	3 (1+)	1	April	6th
Sandgate U	T. L. Kendrick ..	J. C. O. Bradbury ..	1	—	April	6th
Sandwich B	E. C. Byrne ..	J. W. Harrison ..	1	—	Feb.	24th
Sevenoaks U	G. T. Bradbury ..	*P. N. Cave ..	1+	—	August	3rd
Sheerness U	V. H. Stallon ..	*W. C. D. Hills ..	1+	—	March	24th
Sidcup U	F. Bird ..	*P. N. Cave ..	1	1	April	13th
Sittingbourne U	G. H. Potter ..	*A. J. Wernet ..	1+	—	April	9th
Southborough U	W. N. Wood ..	*S. N. Galbraith ..	1	—	June	30th
Tenterden B	J. Munn Mace ..	*S. N. Galbraith ..	1	—	April	29th
Tonbridge U	H. W. Peach ..	*S. N. Galbraith ..	1	—	April	29th
Tunbridge Wells B	J. Whitehead ..	*F. C. Linton ..	3	1	March	12th
Walmer U..	F. W. Hardman ..	F. M. Hughes ..	1+	—	—	—
Whitstable U	A. B. Baker ..	F. P. Piper ..	1+	—	September	9th
Wrotham U	H. E. Pyle..	N. H. Bolton (temporary)	1	1	September	10th

RURAL.

Ashford, East	J. Kingsford	*D. MacDougall ..	1	—	May	19th
Ashford West	J. M. Poncia	*D. MacDougall ..	1	—	May	19th
Blean ..	W. T. Brooks	*A. M. Watts ...	1	—	March	12th
Bridge ..	T. L. Collard	*J. J. Day ..	1+	—	Feb	26th
Bromley ..	L. O. Wall	*P. N. Cave ..	3 (1+)	—	June	2nd
Cranbrook	Eric Clarke	*S. N. Galbraith ..	1	—	April	29th
Dartford ..	E. J. Hobbs	*S. Richmond ..	3	1	September	15th
Dover ..	C. Dacre Carder	*J. J. Day ..	1	—	Feb.	26th
Eastry ..	F. A. Cloke	*J. J. Day ..	1	—	Feb	26th
Elham ..	H. B. Baldock	*D. MacDougall ..	1	—	May	19th
Faversham	Guy Tassell	P. G. Selby ..	1+	—	March	2nd
Hollingbourn	F. Miskin ..	J. Temperley Grey (tempy.)	1	—	March	25th
Hoo ..	H. G. Davies	A. Packman ..	1	—	April	23rd
Maidstone..	F. Post ..	*S. N. Galbraith ..	1+	—	April	29th
Malling ..	F. Miskin	A. H. Roberts ..	1	—	May	25th
Milton ..	E. C. Harris	*A. J. Wernet ..	1+	—	April	9th
Romney Marsh	W. Lamacraft	A. McMillan ..	1	—	March	26th
Sevenoaks..	F. H. Vibert	*P. N. Cave ..	3+	—	May	4th
Sheppey ..	H. T. Copland	T. R. Wiglesworth	1	—	Feb.	19th
Strood	J. E. Povey	*M. F. McDonnell	1	—	May	26th
Tenterden..	J. Munn Macc	*S. N. Galbraith ..	1	—	April	29th
Thanet ..	C. Taylor	*A. M. Watts ..	1+	1	March	12th
Tonbridge..	J. Moss	*S. N. Galbraith ..	1	—	April	29th

*These Medical Officers devote their whole time to Public Health work.

† Each medical officer of health has supplied information in reply to a summary of questions addressed from the County Health Department, on which this report is mainly based. The annual report has also been used where available.

‡ Holds meat inspectors' certificate.

§ One of these appointments is as "Consulting Inspector"

Swanscombe (a parish in the Rural District of Dartford) has been granted urban powers as from April 1st, 1926.

ANNUAL REPORT.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Kent has an area of 971,990 acres. Its population at the Census of 1921 was 1,118,129—795,035 in urban districts and 323,094 in rural areas; and its total population in 1925 (estimated by the Registrar-General to the middle of that year) was 1,110,500—779,600 in urban districts and 330,900 in rural districts. The apportionment of these figures to the constituent districts of the county (forty-two urban areas and twenty-three rural) is shown in Tables 1 and 2.

The county forms the South-eastern corner of Great Britain. It is bounded on the North by the River Thames and the Nore Estuary; on the South and East by the Straits of Dover; on the West by the counties of Surrey and Sussex; while the North-western boundary is contiguous with the area of the London County Council. Its physical features are widely divergent in character—the high land of the North Downs sweeps in a “backbone” from the Western boundary to the Eastern coast at Dover and Folkestone; there are large flat areas adjoining the Thames and Stour; the Weald forms a broad valley through the South-west and centre; while the area of the Romney Marsh (“the fifth quarter of the globe”) is a large tract of reclaimed land, alluvial in character, on or even below sea-level.

At the Census of 1921, the number of inhabited houses (“structurally separate dwellings occupied”) was given as 225,275, while the number of private families totalled 247,074. The rateable value in force on March 31st, 1926, was £6,910,380; and the sum represented by a penny rate, for General County Purposes, was £26,761 1s. 8d.

The occupations of the inhabitants show a fairly high proportion as being employed in agriculture—in which hop-growing (to which reference is made on p. 148) is prominent, particularly in the South-west. The fishing industry is a factor of importance in a few centres—chiefly in Folkestone, Lydd, Ramsgate and Whitstable. The development, in the eastern half of the county, of coal fields, is adding figures under this occupational heading at a fairly rapid rate. Cement-making is prominent in the northern portion of the county, along the Thames and Medway valleys; brick-making and pottery in the Milton, Sittingbourne and Faversham districts; glass-workers in Queenborough;

chemical workers are found in the north-western areas adjacent to the Thames and Medway, and the valleys of the same two rivers show an appreciable number of metal-workers and electrical workers. Paper-makers are found chiefly in the North-west, North-central and central areas. The defence forces are largely represented—mainly in the group of Medway towns (Gillingham, Chatham, Sheerness and Rochester) and in Dover ; while Chatham and Sheerness have large Dockyards, and Dover, Folkestone and Gravesend are important maritime towns and ports.

Commercial occupations figure largely in the residential areas near London (*e.g.*, Beckenham, Bromley, Penge) and in a few of the larger towns. Finally, the existence in the county of several popular seaside and holiday resorts, such as Herne Bay, Margate, Broadstairs, Ramsgate, Deal, Dover, Folkestone and Hythe, indicates that an appreciably large number of the inhabitants is engaged, either directly or indirectly, in connection with the holiday-maker.

There are no particular occupations which can be said to have any influence upon the general public health of the county.

ADMINISTRATION

The following alterations in the local public health service took place during 1925 or early in 1926 ;—

Bromley Borough.—Dr. J. Mathewson acted as temporary medical officer of health (in succession to Dr. W. Stewart Stalker) from March 31st, 1925, until July 1st, 1925, from which date Dr. K. E. Tapper was appointed as a whole time medical officer of health.

Hoo Rural.—Dr. J. S. Pegum resigned his appointment as medical officer of health as from April 1st, 1925. Dr. A. Packman was appointed as his successor from July 1st, 1925.

Swanscombe.—The parish of Swanscombe, in the Dartford Rural District, has been constituted an urban district as from April 1st, 1926. The acreage of the area is 2,142, and the population at the census of 1921 was 8,494. Dr. C. M. Ockwell has been appointed medical officer of health as from October 1st, 1926, subject to the approval of the Ministry of Health.

Wrotham Urban.—Dr. N. Hay Bolton was appointed as temporary successor to Dr. E. H. Walker, resigned, in the appointment of medical officer of health of this district, to the date when a vacancy occurs in the office of medical officer of health of the Rural District of Malling. He took over his duties on August 1st, 1925.

Hollingbourn Rural.—Dr. G. M. Tuke resigned his appointment as medical officer of health on June 30th, 1926. A temporary successor (Dr. J. Temperley Grey) has been appointed until such time as there is a vacancy in the office of medical officer of health of Maidstone. Dr. Grey took up duties on August 19th.

GENERAL.—It will be seen that only twenty-one medical officers of health in the county are part-time officials, and the tendency of recent years to combine several small districts for the purpose of the appointment of a whole-time medical officer will, no doubt, be continued in the future as vacancies occur. This is the purpose of the Ministry of Health in approving, for the present, only temporary officers for Hollingbourn Rural and Wrotham Urban, as referred to above.

COUNTY PUBLIC HEALTH STAFF.

County Medical Officer	} A. Greenwood, M.D. (Vict.), B.Sc., L.R.C.P. L.R.C.S., D.P.H., Barrister-at-Law.
School Medical Officer	
Chief Administrative Tuberculosis Officer	
Assistant County Medical Officer and County Bacteriologist	C. W. Ponder, M.A., M.D., D.P.H., M.R.C.S. L.R.C.P.
Tuberculosis Officers	Six whole-time and two part-time. See page 55.
Venereal Diseases Medical Officer (part-time)	C. M. Ockwell, F.R.C.S., L.R.C.P., D.P.H.
Other V.D. Clinic Officers	Nine part-time. See page 101.
Medical Officers of Maternity and Child Welfare Centres... ..	Twenty-six, part-time. See page 124b.
Inspectors of Midwives	Miss A. A. Harrison, Miss M. M. Berry.
County Pharmacist	Mr. J. P. Marmion.
Lenham Sanatorium... ..	See page 87.
Cranbrook Convalescent Home	See page 92.
Whole-time Nurses	Thirty-five, whose combined duties include health visiting, school nursing and tuberculosis work.

(The areas of the nurses are shown on the map facing page 184).

Part-time Nurses. 25 Health Visitors. 3 Tuberculosis Nurses.

Particulars relating to the Staffs of the Sanitary District Public Health Departments
are contained on pages 5 and 133.

MINISTRY OF HEALTH INQUIRIES.

The following inquiries were held by the Ministry of Health during the year 1925 :—

Date.	District.	Amount of Loan	Purposes for which Loan required, or other reason of Inquiry.	Result.
Feb. 11th	Folkestone B	£37,350	Construction of intercepting sewer.	Loan sanctioned. Construction deferred pending completion of tunnel sewer.
Feb. 27th	Sheerness U	£34,000	Works of sewerage.	Loan sanctioned and work in hand.
Mar. 17th	Ramsgate B	£6,500	Completion of adits for purposes of water supply.	Loan sanctioned.
July 24th	Dartford U	—	Application for approval of proposals concerned with the Dartford Town Planning Scheme No. 1.	Scheme still in abeyance. See p. 154.
Oct. 28th	Broadstairs & S. Peter's U	£5,476	Improvement of plant in connection with water supply.	Loan sanctioned in two parts. £2,229 for discarded machinery for a period of five years, and £3,247 for improvement of plant for a period of ten years
Nov. 6th	Whitstable U	£15,000	Improvements to meet inadequacy of supply mains in connection with water supply.	Loan sanctioned and work in hand.
Nov. 10th	Rochester & Chatham (Joint Sewerage Board)	—	Application for Provisional Order, altering the Order of 1914, in order to effect considerable saving by means of certain modifications in the sewerage scheme previously proposed.	Work in progress.
Nov. 11th	Ashford U.	£36,000	Extensions and improvements in existing scheme of sewerage and sewage disposal.	Sanction deferred for further consideration of various details.
Nov. 18th	Ronney Marsh R	£5,000	Purposes of water supply to the parish of Dymchurch.	Loan sanctioned. Laying of mains commenced.

OFFICIAL CIRCULARS, &c., RESPECTING PUBLIC HEALTH MATTERS.

Tuberculosis.—Circular 607a (21/7/1925) enclosed a copy of a circular which had been addressed to Boards of Guardians, with regard to the treatment of tuberculosis in Poor Law institutions. The circular addressed to the local authority laid stress upon the desirability of effective co-operation with poor law authorities in the treatment of this disease. (Full particulars of the suggested co-operation were set out in the County Medical Officer's quarterly report.)

Memo. 107/T (9/7/1925) announced certain exceptions to the procedure detailed in a former Circular No. 231 (22/8/1921) as to the examination by tuberculosis officers of intending immigrants from this Country into Australia.

Memo. 108/T (9/7/1925) gave notice that the Preston Hall Sanatorium and Training Colony, at Aylesford, was henceforward to be known as the "British Legion Village Sanatorium and Training Colony," and was available for the treatment of ex-service men suffering from tuberculosis.

Memo. 109/T (20/8/1925) gave notice of the availability, in October, of additional accommodation at the East Lancashire Tuberculosis Colony at Barrowmore Hall. This colony is now available for ex-service men suffering from pulmonary tuberculosis, and also for civilians, subject to the beds not being required for ex-service patients.

Memorandum 37/T (September, 1925), dealt in detail with the annual returns to be furnished by Chief Administrative Tuberculosis Officers, and the records kept by tuberculosis officers and medical officers of approved residential institutions. Model forms were given, but their use is not obligatory. Circular 613 (15/9/1925) accompanied the memorandum.

Circular 644 (18/11/1925) gave instructions as to the granting of leave to ex-service men, pensioned on account of tuberculosis, who are receiving treatment in residential institutions.

The Public Health (Prevention of Tuberculosis) Regulations, 1925, were dated July 31st, 1925, and were accompanied by Circular 615 (7/8/1925). The regulations invested local authorities with specific powers for the purpose of preventing the spread of infection by tuberculous persons through the medium of milk. (Full details were set out in the County Medical Officer's quarterly report, and the Kent County Council were later made an authority for the purpose of enforcing the regulations).

Tuberculosis in Cows—The Tuberculosis Order of 1925 came into force on September 1st, 1925. It was issued by the Ministry of Agriculture, with an

accompanying circular letter to all local authorities for the purposes of the Diseases of Animals Acts, and it was preceded by a circular (15/7/1925). The Order became operative simultaneously with the Milk and Dairies (Consolidation) Act, 1915, as regards England and Wales, and the Milk and Dairies (Scotland) Act, 1914, as regards Scotland; and it revoked the Tuberculosis Order of 1914. It provided for notification of disease by owner or veterinary surgeon; the veterinary examination of animals, and the examination of milk, fæces or urine at an approved pathological institute; the slaughter of diseased animals; the restriction of movement of animals liable to slaughter; compensation, and valuation for compensation; post mortem examinations; precautions with respect to milk; the detention, isolation, and prevention from exposure in markets, etc., of suspected animals; cleansing and disinfection; the prohibition of importation of diseased animals; reports to the Ministry of Agriculture; offences, etc.

The above-mentioned precedent circular (15/7/1925) mentioned that a Bill had been introduced into Parliament with the object of obtaining statutory authority for the repayment to local authorities, from the Exchequer, of seventy-five per cent. of the gross amount of the compensation paid by such authorities for animals slaughtered under the Order. (This Bill did in fact receive the Royal Assent on August 7th, and became the Diseases of Animals Act, 1925). It also directed attention to the changes, as between the new Order and the Order of 1914 which it revoked.

Circular 616 (August, 1925) directed special attention to the requirement of the Tuberculosis Order, 1925, "that notice of intention to slaughter shall be given to the sanitary authority as well as to the owner of the animal in cases where it is intended that the carcase, or any part thereof, should be disposed of for human consumption, and that no part of the carcase shall be removed from the premises for that purpose except with the permission in writing of the medical officer of health or other competent officer."

The Tuberculosis Order, 1925 (No. 2) added to the original Order a clause having reference to procedure in respect of the slaughter of animals where the carcasses are proposed to be used for human consumption.

A later Circular (9/10/1925) dealt with the method of claiming for refund of compensation (see the reference to the Circular of 15/7/1925, above), and the administrative expenses of local authorities.

Another Circular (12/10/1925) elucidated certain matters of administration, such as the application of the tuberculin test, the interpretation of the term "definite clinical signs," the use of veterinary reports, notices, returns, etc.

Training of Health Visitors—Circular 557 (9/2/1925) accompanied a Memorandum (Memo. 101/M.C.W., February, 1925) explanatory of the Grants which will be made by the Minister of Health for the training of health visitors. The grants will be made, as from April 1st, 1925, by the Minister of Health instead of by the Board of Education, and certain changes with regard to the courses of training were announced, in the light of experience gained. (A summary of the chief points in the circular was printed in the County Medical Officer's quarterly report).

Training and Supply of Midwives.—Circular 559 (27/2/1925) and Memo. 102 M.C.W., explained the conditions upon which Exchequer Grants will be made in respect of the training of midwives. (A summary of the main points was printed in the County Medical Officer's quarterly report and a further reference to this memorandum will be found in the section of this report dealing with maternity and child welfare work, p. 116).

M. & C.W. Record Forms.—Memo. 100/M.C.W. (March, 1925) was concerned with the keeping of records in respect of Maternity and Child Welfare schemes, pointing out the desirability that all such recording should be placed upon a systematic basis. Specimen record forms were therefore enclosed, having reference to "those branches of work where good note-taking is considered to be of special importance," viz. :—

- (a) Inquiries respecting child under one year.
- (b) Inquiries respecting child one to five years.
- (c) Attendances at infant welfare centre.
- (d) Attendances at maternity centre (ante-natal and post-natal).
- (e) Home visiting of the expectant mother (midwife or health visitor).
- (f) Investigation of still-births.
- (g) Investigation of infant deaths.
- (h) Inquiry into ophthalmia neonatorum.
- (i) Inspection of midwives.

Pemphigus Neonatorum.—Circular 593 (4/6/1925) stated that in view of the recent occurrence of one or two outbreaks of pemphigus neonatorum in connection with maternity homes in the country, it had been considered advisable to issue a memorandum on this disease. Consequently, Memo. 103/Med. accompanied the circular, and dealt with such matters as definition and supposed nature of the disease, the causal agent, mode of infection and spread, sources of infection, symptomatology, differential diagnosis, treatment and prevention.

Venereal Disease.—Circular 634 (17/11/1925) announced the ratification of an International Agreement relating to the treatment of venereal diseases amongst seamen. The contracting parties undertake that facilities shall be

available, at each of their chief sea and river ports, for the gratuitous treatment of merchant seamen, without distinction of nationality ; and such facilities are to include out-patient treatment, in-patient treatment where necessary, and sufficient medical supplies to carry out necessary treatment during the voyage to the next port of call. Each patient will be supplied with a card, which will record the diagnosis, the treatment given, and the treatment to be followed during the course of the voyage. Necessary drugs, dressings and appliances may be supplied for inter-port treatment, when the medical officer of the treatment centre is of opinion that such can safely be used by the patient himself ; and approval will be given to the gratuitous supply, to ships' doctors, of approved arsenobenzol preparations—provided the necessary qualifications are held by such doctors—to the extent likely to be required. The record-card has been revised on an international basis, with different “abbreviations.” A list was enclosed with the circular, showing the treatment centres and the hours of the clinics in the chief ports throughout the world.

Circular 635, issued on the same date as the foregoing, was addressed to Port and Riparian Sanitary Authorities, and provided for the supply to all crews of notices giving the addresses and hours of treatment centres. These notices would be distributed by Port Sanitary Officers, at the time of hailing ships or on the occasion of their first visits on board.

Public Health.—The Public Health Act, 1925 (7/8/1925) was an Act “to amend the Public Health Acts, 1875 to 1907, and the Baths and Wash-houses Acts, 1846 to 1899, in respect of matters for which provision is commonly made in local Acts and for other purposes relating to the public health.”

Part III. of the Act is concerned with sanitary provisions, such as the reconstruction of drains, the power to lay drains in private streets, the execution of drainage works, the ventilation of soil pipes, the occupation of tents, vans, etc., and the establishment of an offensive trade or business.

Part IV. deals with action as regards verminous articles or houses, and the cleansing of verminous persons, the provision of cleansing stations, etc.

Part VII. dealing with infectious disease and hospitals, empowers the medical examination of the inmates of common lodging-houses, the closing of common lodging-houses on account of infectious disease therein, and the authorisation in certain circumstances of provision by county councils for the isolation and treatment of patients. Clauses of particular interest, in this part, comprise the power of a court of summary jurisdiction to order the removal to hospital of infectious persons suffering from pulmonary tuberculosis ; and provision for the extended use of ambulances, power to subscribe to hospitals, and power to provide houses for officers, etc., at a hospital.

Part VIII. contains sanction to county councils and local authorities to assist in the prevention of blindness, power to arrange lectures, etc., on questions relating to health or disease, power of local authorities to establish cold-air stores or refrigerators, precautions against the contamination of food intended for sale, and prohibition of the selling or distribution, by rag and bone dealers, of food or toys.

Part IX. deals with the charges for the use of baths and wash-houses, and the closing (and use, when closed, for other purposes) of swimming baths.

Two circulars, issued by the Ministry of Health on September 4th, 1925, directed special attention to certain parts of the above Act. One circular dealt with those sections of part VII. which provide for the extended use of ambulances, and the power to provide houses for officers or servants employed at a hospital. The other circular was addressed to certain parish councils, and was concerned with the provisions of Part IX.

(Particulars of the Sections affecting county councils were printed in the County Medical Officer's quarterly report.)

Meat, &c.—Circular 565 (10/3/1925) announced the forms of labels (admissible as "official certificates" for the purposes of the Public Health (Foreign Meat) Regulations), which had been recognised by the Ministry of Health in respect of pork and other edible portions of the pig, which have been subjected to inspection in the Uruguayan Republic.

Circular 599 (27/5/1925) gave notice of the recognition of further labels—those of the Argentine Republic, the Australian Commonwealth, Belgium, Brazil, the Dominion of Canada, Denmark, the Latvian Republic, the Netherlands, the Dominion of New Zealand, Sweden, the United States of America, and the Uruguayan Republic—in respect of pork and other edible portions of the pig; and those of the Australian Commonwealth, the Dominion of Canada, Denmark, Italy, the Dominion of New Zealand, Sweden, Switzerland and the United States of America in respect of lard, dripping, edible tallow and similar rendered fats. A further circular (24/10/1925) recognised a label of the Netherlands and a revised label of Italy in respect of lard, dripping, edible tallow and similar rendered fats.

Slaughterhouses.—Circular 604 (12/6/1925) dealt with several points which had arisen in connection with the Rural District Councils (Slaughterhouses) Order, 1924, and the Public Health (Meat) Regulations, 1924.

Milk and Dairies.—The Milk and Dairies (Consolidation) Act, 1915, so far as it was not already in operation, became operative on September 1st, 1925, by an Order issued on July 28th, 1925. This Order—the Milk and Dairies (Consolidation) Act, 1915 (Commencement of Operation) Order, 1925—was accompanied by Circular 612 (31/7/1925).

The 1915 Act contains provisions similar in effect to those contained in a number of local Acts for stopping the supply of milk which is likely to cause tuberculosis. In the local Acts the power of stopping the supply is given to the local authority for the consuming area, and the prohibition only applies to that area. Under the general Act the duty of enforcement is placed on the council of the county or county borough in which the cows are kept, and any order made by them will prohibit the sale of the affected milk *in any area*. The medical officer of health of the county or county borough is required to make necessary investigations on receipt of notice from any other medical officer of health ; and the local Act provisions are repealed as from the expiration of one year after the commencement of the general Act.

Section 9, in conjunction with the third schedule, amends the provisions of the Sale of Food and Drugs Acts with regard to the "warranty defence." Where such a defence is pleaded by a purveyor of milk a sample from a corresponding milking must be taken in the course of transit or delivery to the purveyor, and if the owner of the cows so requests a further sample must be taken at the dairy at which the cows are kept. The warranty defence will not be available where the sample in respect of which the proceedings are taken is a mixture of milk obtained from more than one seller or consignor. Power is also given to the local authority of the district in which the first sample was taken, instead of or in addition to taking proceedings against the purveyor, to take proceedings against the seller or consignor.

Attention is also directed to the definition of the expression "dairy" in section 19 (1). The expression "does not include a shop from which milk is not supplied otherwise than in the properly closed and unopened receptacles in which it was delivered to the shop."

The Tuberculosis Order of 1925 (see page 10) came into operation on the same day as this Act.

Foot and Mouth Disease.—The Foot and Mouth Disease (Emergency Restrictions) Order, 1925 (4/2/1925) made certain provisions with regard to the certification by a veterinary inspector of suspicious cases ; the restrictions to operate immediately on certification of suspected cases ; and provision for the movement of animals by licence. The Foot and Mouth Disease (Amendment) Order, 1925 (29/6/1925) dealt with administrative details in connection with this disease, and the Foot and Mouth Disease (Packing Materials) Order, 1925 (16/11/1925) was concerned with the use of hay and straw (used as packing material), meat cloths, wrappings, etc.

Other Orders on this subject were the Foot and Mouth Disease (Infected Areas Restrictions) Order of 1925 (24/7/1925) ; the Foot and Mouth Disease (Amendment) Order of 1925, No. 3 (12/12/1925) ; an Order (14/12/1925) revoking the Animals (Transit and General) Amendment Order of 1925, No 2 ; the Diseases of Animals (Disinfection) Order of 1925 (21/12/1925) ; and the Movement of Animals (Records) Order of 1925 (23/12/1925).

Food.—Circular 558 (27/3/1925) enclosed the Public Health (Imported Food) Regulations, 1925, which consolidated, with any desirable amendments, the Public Health (First Series, Unsound Food) Regulations, 1908, the Public Health (Foreign Meat) Regulations, 1908, and the Public Health (Foreign Meat) Amending Regulations, 1909. The general provisions as to dealing with food found to be unsound or otherwise unfit for human consumption were substantially the same as in the existing Regulations; but special mention was made of Article 6, which makes it a definite offence to import any article of food which has at any stage in its preparation been condemned in another country.

Certain classes of meat coming from overseas are made subject to special control, and such classes are divided into two groups. One group (“Prohibited Meat”) consists of those classes the importation of which is unconditionally prohibited. The other group (“Conditionally Admissible Meat”) consists of those classes the importation of which is prohibited unless the meat is accompanied by a recognised official certificate of the country of origin. Meat of any other class does not require an official certificate, but remains subject to examination, and seizure if found to be unfit for human consumption.

Preservatives in Food.—The Public Health (Preservatives, &c., in Food) Regulations, 1925 (4/8/1925) were accompanied by Circular 606 (11/8/1925). These Regulations were based on the recommendations of the recent Departmental Committee on the Use of Preservatives and Colouring Matters in Food, and they provide for the prohibition of the importation and sale of articles of food to which preservatives and other specified substances have been added. They will operate from January 1st, 1927; with the exceptions that, so far as they relate to butter and cream, they will operate from January 1st, 1928, and so far as they relate to articles of food containing preservative necessarily introduced by the use in such articles of preserved bacon, ham, margarine or butter, they will operate from July 1st, 1927 (in the case of bacon, ham and margarine) and from July 1st, 1928 (in the case of butter).

These important and far-reaching Regulations contained schedules showing the articles of food which *may* contain preservative, with the nature and proportion of preservative in each case; the colouring matters which *may not* be added to articles of food; and stipulations for the labelling of preservatives and of articles of food containing preservative.

The circular deals with an important point arising from representations that had been made to the effect that a retailer should be entitled (as in the case of the Sale of Food and Drugs Acts) to plead the defence of warranty. The circular refers to this matter as follows:—“The Minister feels that the proposal is equitable in principle but he is advised that, in view of the

statutory powers under which the Regulations are made, it is not possible to include a suitable provision to give effect to it in the Regulations. Attention may, however, be drawn to Article 7 which empowers a local authority instead of, or in addition to, taking proceedings against a retailer, to take proceedings against the manufacturer or wholesaler by whom the article was previously sold. It is suggested that this provision might be used with advantage in many cases where an article of food is sold in a sealed container bearing the name and address of the manufacturer or of the wholesale dealer responsible for its distribution. In connection with this matter reference may be made to the terms of Article 14, which enables the officers of the local authority to make any necessary enquiries as to the origin of an article to which the Regulations apply."

Contamination of Apples by Arsenic.—Circular 659 (21/12/1925) mentioned the detection of considerable quantities of arsenic on the surface of certain imported apples. Such contamination has been occasionally reported for a number of years, but the quantities of arsenic found by analysis on former occasions have generally been insignificant, and until recently no cases of illness have been traced to the consumption of such apples. Two cases of arsenical poisoning have been traced to the consumption of imported Jonathan apples, and a number of samples of these apples have shown various amounts of arsenic, ranging up to one-tenth of a grain per pound.

It is understood that such steps as are possible to secure removal of the contamination from future consignments, are being taken; but local authorities were urged to make full use of their powers, and examine samples of apples likely to be affected, arranging for the withdrawal from sale of those found to be dangerously contaminated.

Shell-Fish.—The Pegwell Bay (Shell-Fish) Regulations, 1925, came into operation on December 1st, 1925. Clause 3 of the Regulations reads as follows:—"A person shall not sell, distribute or offer for sale for human consumption any cockles taken from within the prescribed area unless and until they have been subjected to a process of sterilisation by steaming under pressure for at least six minutes. The sterilisation shall be carried out either by a sanitary authority or in a manner approved by the medical officer of the district in which the cockles are landed."

Authority is given for any appointments necessitated by the execution of the Regulations.

Housing.—Circular 520a (3/2/1925) was in continuation of Circular 520 (20/8/1924), which was referred to on page 10 of the previous Annual Report for Kent. This circular announced the formation of the Building Industry Committee (to advise and assist the Minister of Health in carrying out the

scheme of the Housing (Financial Provisions) Act, 1924, particularly as regards the development and co-ordination of the supply of labour for house building); the appointment of a similar committee to aid in the development and co-ordination of the supply of building materials; and the setting up of a joint committee to co-ordinate the work of both the afore-mentioned bodies.

A request was also made in the circular for each local authority to estimate, as closely as possible, the number of houses to be put in hand during the period ending on October 1st, 1926.

The remainder of the circular dealt with the augmentation of labour supply, particularly as regards apprentices.

Circular 555 (30/1/1925) referred to an arrangement regarding the guarantees which may be given by local authorities to building societies, particularly with regard to houses built for "own occupation."

Circular 556 (February, 1925) was concerned with financial questions connected with the redemption of maturing local bonds under the Housing (Additional Powers) Act, 1919, and any necessary re-borrowings.

A letter (12/3/1925) addressed to local authorities explained "the means by which new houses may be purchased and individuals may become owners of their own homes." It is pointed out that "it is becoming increasingly evident that there is a large demand for this form of assistance, and that there are many people who will welcome the opportunity of building houses for their own occupation on a first payment of £50 to £100. The local authority, by advancing money on loan, will not be adding to the burden of the ratepayers; and they will be helping to create a class of owner-occupiers who will have the strongest personal interest in the proper upkeep of the houses." Circular 520 (20/8/1924—see page 10 of the previous Annual Report for Kent) explained the powers which had been conferred upon local authorities to enable them to assist in financing the provision of new houses, and these powers, it was evident, have called forth a growing desire on the part of local authorities for their exercise. "In view of the strong evidence of the demand for a still larger extension of these activities," a model pamphlet had been prepared, and was circulated with the letter, explaining and illustrating the method by which building may be financed and the individual citizen assisted to become his own landlord, by advances on loan under the provisions of Sec. 5 of the Housing, &c., Act, 1923.

The Public Utility Societies Regulations, 1925 (9/3/1925) dealt with such matters as Exchequer subsidy, the sale of houses, and the accounts, and auditing of such accounts, of Public Utility Societies formed in connection with schemes of housing.

The Housing Act (Form of Orders and Notices) Order, 1925 (9/7/1925) prescribed the forms to be used in connection with the powers and duties of a local authority under the Act, in all cases to which such forms are applicable.

The Housing Act (Appeal Procedure) Rules, 1925 (8/7/1925) had reference to procedure on appeals under Section 115 of the Housing Act, 1925.

The Housing (Loans by County Councils) Order, 1925 (25/7/1925) revoked the corresponding Order of 1920, and dealt with housing loans from a county council to a local authority, the interest on such loans, repayment, &c.

The Local Authorities (Assisted Housing Schemes) Amendment Regulations, 1925 (5/8/1925) made certain alterations in Article VI. of the Regulations of 1919.

The Housing Consolidated Regulations, 1925 (1/9/1925) were made in pursuance of powers conferred by the Housing Act, 1925. They were, in the main, concerned with financial matters arising in connection with that Act, but they contained certain clauses relating to the inspection of districts by the medical officer of health, the recording of such inspections (as regards each house) and the publication of such records in the annual report.

The Town Planning Act, 1925 (9/4/1925) empowered, by Clause 16, a county council to acquire land with a view to the development of the same as a garden city, or in respect of which a town planning scheme may be made. There are scheduled provisions as to compulsory acquisition, and restrictions in respect of land where certain specified conditions obtain.

The Housing Act, 1925—"An Act to consolidate the enactments relating to the Housing of the Working Classes in England and Wales"—came into operation on July 1st, 1925. It was divided into five main parts:—

Part I. Provisions for securing the Repair, Maintenance and Sanitary conditions of Houses.

Part II. Improvement and Reconstruction Schemes.

Part III. Provision of Houses for the Working Classes.

Part IV. Financial Provisions.

Part V. General.

It may be noted that Section 25 of Part I. provides for intimation to county councils and county medical officers of any representations or complaints made to rural district councils as to unfit dwellings, and any closing orders made, by the forwarding of a copy of such representation, complaint, information or closing order, and such particulars as may be required concerning proceedings taken in connection therewith. County councils are also

empowered by this Section to invest themselves with the powers given to a rural district council, if they are of opinion that there is default on the part of such authority in respect of any closing or demolition order. The county council and their officers have right of admission, for the purposes of this section, to any premises, for the execution of their duties under the enactments relating to public health, and such admission may be enforced by a justice's order.

Where representation is made to the Minister of Health that a local authority have failed to exercise their powers under Part I. of the Act, the Minister may direct a county council to instruct their county medical officer to inspect such district, and report to him as to the exercise by the local authority of their powers ; and any representation from a county medical officer shall, for the purposes of this part of the Act, have the like effect as a representation from the medical officer of health of the district. Similar provision is made for the utilisation of the services of a county medical officer, in cases where neglect of powers under Part II. is alleged.

Statistical Reviews.—Circular 614 (July, 1925) enclosed a copy of a memorandum by the Chief Medical Officer of the Ministry of Health on the purchase and utilisation of the Annual Statistical Review of the Registrar-General. The circular announced a reduced price for this Statistical Review, in the case of special subscribers, in respect of its use for the public health services ; and the memorandum drew attention to the contents of those volumes which are usually consulted for medical statistical purposes.

Sewer.—Action before the King's Bench Division of the High Court of Justice.

An urban district council, twenty-five years ago, laid a sewer at a considerable depth which in its course passed under premises and land, abutting on the river, now belonging to defendant in this action. About three or four years after, a concrete retaining wall was erected on these premises. In 1918, this wall was found to have been undermined by the river and to have moved from its original position, breaking the cast-iron pipe of which the sewer consisted, and causing the damage complained of. There was no averment or proof that the defendant knew of the existence of the sewer. Plaintiffs did not rely on negligence or on nuisance as the cause of action, but based their contentions as on an "action upon the case for misfeasance."

It was held that the action of the plaintiff council failed by reason that the defendant did not discover and could not in the circumstances, by any exercise of reasonable diligence, have discovered the existence of the sewer and the extent of his duty owing to the plaintiffs.

Common Lodging House.—In the King's Bench Division of the High Court of Justice, there was argued a case stated by justices, in which the

respondent was owner and occupier of premises where he, on a certain date, accommodated six lodgers of the poorer class. These ate and lived in one common room, and shared two bedrooms, providing their own food and paying weekly for their lodging. On the date in question, the premises were not registered as a common lodging-house under Sec. 76, Public Health Act, 1875. There was no difference between the management of these premises and that of any registered common lodging-house, and the structure was poorer. The respondent, however, made it his practice not to let to any lodger for less than a week certain; and it was held, in the absence of any definition of "common lodging house" in the Act of 1875, that in view of this fact (that lodging was not let for less than a week) the premises in question did not constitute a common lodging house within the meaning of that Act.

Milk Deficient in Fat.—A case stated by justices was argued before the King's Bench Division of the High Court. Respondent was summoned before justices for selling unlawfully to the prejudice of appellant, as purchaser, milk which was 46 per cent. deficient in fat. The milk in the churn from which such milk had been taken when sold to appellant, was in the same condition as that in which it had left the cow, but, contrary to the respondent's orders, his servant had failed to stir the milk, and there was deficiency, due to the natural rising of the cream to the top of the churn, while the milk was drawn from a tap at the bottom of the churn.

It was held that, in determining the quality of milk, regard must be had to the actual milk sold to the purchaser and not to the bulk whence it has been taken; and that the case must be remitted to justices with a direction to convict.

The *Hunt v. Richardson* decision did not apply in this case.

(NOTE.—*Hunt v. Richardson*, King's Bench Division, 1916, is a case to which reference is often made. It was the appeal of a farmer who had been convicted by Borough Justices of selling milk to the prejudice of the purchaser, not of the nature, substance and quality demanded, contrary to Sec. 6, Sale of Food and Drugs Act, 1875. The milk was deficient in milk fat to the extent of 9 per cent. The Justices found that there had been no addition to or abstraction from the milk after it had been taken from the cows, and no general mixing of milk beyond the mixing necessary to make up the quantity required in each churn; that owing to heavy rains the growth of grass had for some weeks previously been in a "washy" or watery condition, and in consequence the cows had been giving a much larger quantity of milk than usual; that no special steps had been taken by the appellant to counteract the effect on the quality of the milk caused by the watery state of the herbage; and that the quality of milk is affected by the quantity produced. They also found that the milk was genuine, but did not expressly find whether it was of merchantable quality.

By a majority, the Court quashed the conviction. It was held that the milk when sold was the morning product in natural circumstances of a herd of healthy cows and was genuine new milk. There was no evidence that it was not of merchantable quality. "New morning milk," asked for by the purchaser, was in fact supplied, and there was no sale to his prejudice. The Justices apparently convicted the appellant because he knew that the condition of the herbage would cause the cows to give a very large quantity of milk, and continued to feed them on it without regard to the deficiency or quality of the milk. This did not constitute an offence. Section 6 of the Act of 1875 was not aimed at the use of milk-producing foods, and still less at the farmers not taking steps to counteract the effect of changes of climate).

Temporary Building—Case stated by Justices, argued before the King's Bench Division of the High Court of Justice. A former railway carriage, still on its wheels, and with its body divided into three equal sections, had been drawn by appellant on to a field owned by him, and let as a dwelling to a tenant. The land immediately surrounding it was set apart for the use of the tenant, and fenced by pales and posts, but the carriage was readily removable by horse-traction if these posts were removed. The bye-laws of the local authority as to tents, vans and sheds, had been complied with.

The local authority took proceedings against the appellant, for contravention of Sec. 27 of the Public Health Acts Amendment Act, 1907, by setting up a temporary building without their permission. Appellant contended that the section did not apply and that the bye-laws had been complied with, but Justices convicted of a contravention of the section, and imposed a fine.

It was held that the Justices had material before them on which they might properly come to the conclusion that this was a temporary building. The object of Section 27 was to prevent persons under pretence of erecting what were said to be temporary buildings, from evading regulations which experience had shown were necessary for the health of those who might occupy such erections if they were intended to be used permanently. The question in each case must be whether the ingenuity in evasion had been sufficient. This structure was movable but had not been moved, nor did it appear that there was any intention to remove it. In the circumstances Justices might look to this intention in concluding that this was a temporary building within Section 27.

Sewers and Sewage.—Case before the Chancery Division of the High Court of Justice. A sewage system provided for the discharge of the drains from the houses on an estate into and along three lines of six-inch pipe, into settling-tanks, from which the sewage was pumped to the surface and disposed of. Insufficient capacity of the pipes led to over-flowing of sewage into the

houses, and this became a public nuisance. The district council took action to restrain the nuisance ; but the owner of the estate contended that the lines of pipes were “sewers” vested in the district council by the Public Health Act, 1875, and that it was the duty of the council to cleanse them. It was held that the pipes were sewers and had vested in the council, that the nuisance was solely attributable to the disregard by the council of their statutory duties, and that the action must be dismissed.

VITAL STATISTICS.

POPULATION.—The *total* population of the Administrative County at the middle of 1925, as estimated by the Registrar-General, was 1,110,500, viz., 779,600 in urban areas, and 330,900 in rural. These figures show an increase of 1,300 on the urban, and 1,400 on the rural, populations of 1924.

Details of the population of each sanitary district (showing both the civilian and the total numbers) are contained in tables 1 and 2.

The density, per acre, of population in the urban districts was 6·40, varying from 35·6 in Penge to 0·3 in Lydd ; and in the rural districts it was 0·39, varying from 1·14 in Dartford to 0·11 in Romney Marsh.

BIRTHS.—During the year, the births of 18,320 living children were registered, which is 6 lower than the total of the previous year. Male births numbered 9,445 and females 8,875. The total excess of births over deaths was 5,894, viz., 3,197 males and 2,697 females.

The birth rates for Kent, shewn below, are invariably lower than the rates for the country as a whole :—

Year.	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Urban Districts ..	21·2	20·8	20·7	20·4	19·0	20·8	17·6	17·2	18·3	24·2	20·2	18·7	18·3	16·6	16·6
Rural Districts ..	19·8	20·1	20·9	20·1	18·7	19·6	17·1	17·3	17·5	25·2	19·5	18·6	18·1	16·7	16·3
Whole County	20·8	20·6	20·8	20·3	18·9	20·4	17·4	17·2	18·1	24·5	20·0	18·7	18·3	16·6	16·5
Percentage Illegitimate	4·13	4·14	4·36	3·85	4·54	6·00	6·93	8·20	7·60	4·88	4·48	4·35	4·39	4·29	4·22
England and Wales	24·4	23·8	23·9	23·8	21·8	21·6	17·8	17·7	18·5	25·4	22·4	20·6	19·7	18·8	18·3

The figures for 1925 show slight reductions on those of the previous year, as will be seen, whilst the county rate was 1·8 lower than the rate for England and Wales. For the second year in succession the rate reached a record low figure, and it will be seen that during the last five years there has been a progressive diminution in both urban and rural districts ; while the percentage of illegitimate births shows an almost unbroken decline since 1918.

The diagram facing this page will be found of interest, as showing in graphic manner not only the sweeping descent of the birth-rate since 1895, but also the marked correspondence between the Kent rate and that of England and Wales as a whole.

Details of births in sanitary districts, showing legitimate and illegitimate totals, are contained in tables 1 and 2 and a comparison of the district rates with those of the total urban and total rural areas, is given in tables 31 and 32.

The highest rate recorded among the urban districts was that of Cheriton 22·9, followed closely by Lydd 22·1, and Gravesend 21·0 ; whilst the rural districts show a rate of 20·3 in Hoo, the next highest being the 18·4 recorded in Faversham.

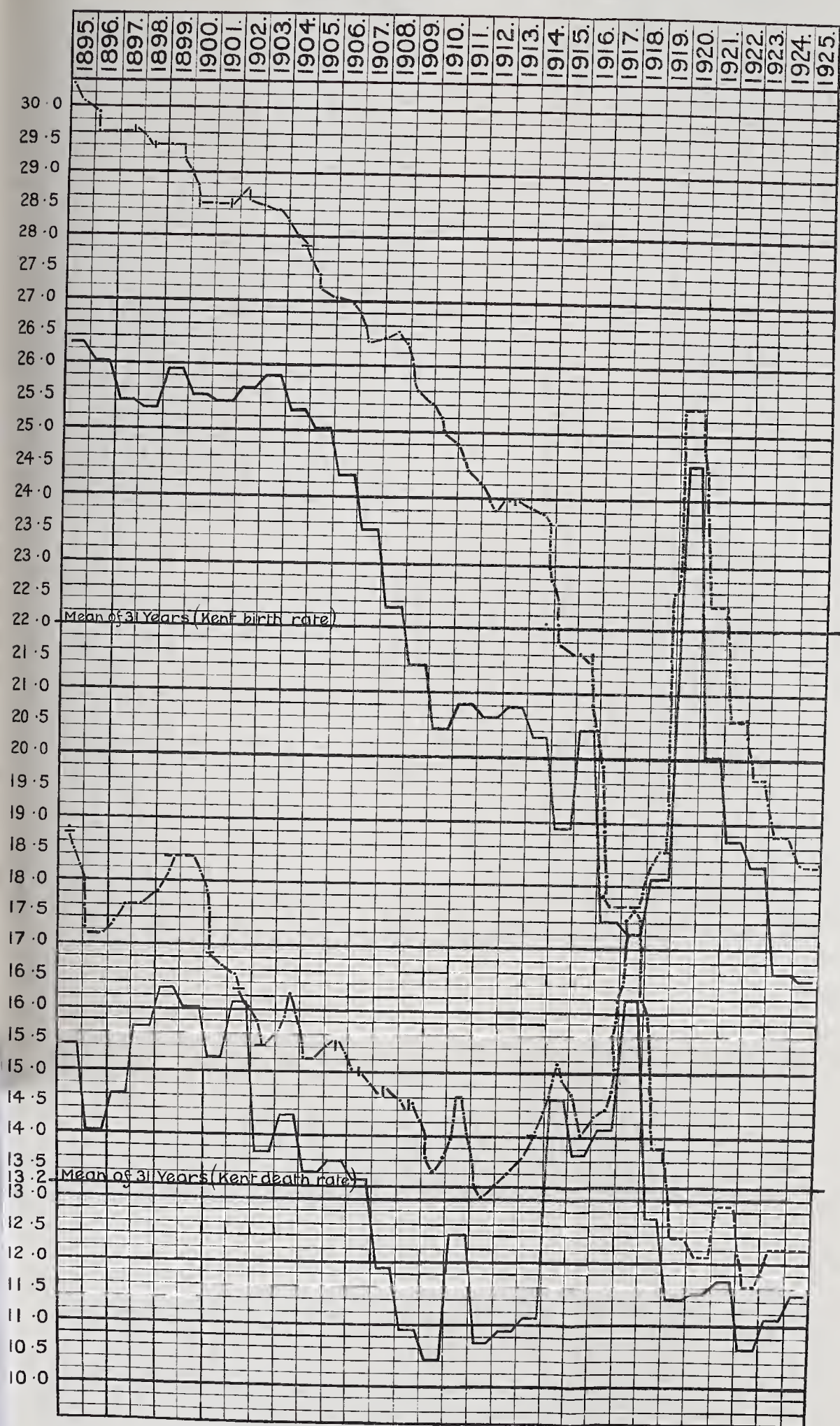
The lowest rate in the whole county was that of Broadstairs Urban (9·2), and other comparatively low rates were recorded in Walmer Urban (11·1) and Herne Bay Urban (11·3) among the towns, and Thanet (12·6) and Blean (13·6) among the rural districts.

STILL-BIRTHS numbered 398 (excluding one borough for which I have no information). The numbers in previous years, for comparative purposes, were as follows :—1924, 475 ; 1923, 456 ; 1922, 526 ; and 1921, 561.

DEATHS.—The net number of deaths registered in the county was 12,426, an increase of 380 on the net aggregate of the preceding year. 6,248 of the deaths were those of males and 6,178 those of females.

The death-rate for the county was 11·5, for the combined urban districts 11·5, and for the combined rural districts 11·3—each figure showing an increase over the corresponding figure for the previous year, but comparing well with an average figure taken over a series of years, and with the rate for England and Wales. The following tabulation shows the rate

Diagrams showing the Birth Rates and Death Rates in the County of Kent, for the thirty-one years, 1895-1925, inclusive, compared with similar rates for England and Wales.



The two top lines show the birth rates and the two bottom lines the death rates.
 Kent shown thus ————— England and Wales shown thus - - - - -
 The above records are for the Administrative County, from and including 1908; previous to that year records for the Registration County (shown) only are available.

recorded in Kent during the years 1911-1925:—

Year	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Urban Districts	12·9	11·0	11·1	11·5	14·2	13·9	14·2	16·4	12·7	11·4	11·6	11·9	10·7	11·3	11·5
Rural Districts	11·3	9·7	10·3	10·2	13·8	13·3	13·8	15·7	12·6	11·2	11·1	11·3	10·2	10·8	11·3
Whole County	12·4	10·7	10·9	11·1	14·5	13·7	14·1	16·2	12·7	11·4	11·5	11·7	10·6	11·1	11·5
England and Wales	14·6	13·3	13·3	13·7	14·8	14·0	14·4	17·6	13·8	12·4	12·1	12·9	11·6	12·2	12·2

During the last five years the death-rates for the county have been consistently low, and considerably lower than the death-rates for the same period in England and Wales. The average death-rate for the years 1916-20 was much higher than it was during the years 1921-25.

Details of deaths in sanitary districts are contained in tables 33 and 34, and a comparison of district rates with those of total urban and rural areas is given in tables 31 and 32.

High rates were recorded in the urban areas of Tenterden (16·1), Walmer (15·9), and Southborough (15·3), and in the rural districts of West Ashford (15·0), Cranbrook (13·5), and Maidstone (13·1); and comparatively low rates are shown by Sandgate Urban (with the remarkably low figure of 6·4), Queenborough Borough (7·5), and Crayford Urban (8·5), and the rural districts of Dartford (9·3), Sheppey (9·3), Hoo (9·7) and Strood (9·7).

The following is a comparison of the numbers of deaths in the county from various principal causes (excluding violence and diseases of infancy) during each of the last five years.

	1921	1922	1923	1924	1925
Heart Disease	1511	1699	1617	1702	1907
Cancer.....	1429	1385	1506	1528	1580
Bronchitis	755	850	697	817	864
Cerebral Hæmorrhage	844	802	777	754	800
Pulmonary Tuberculosis	876	812	835	846	796
Pneumonia	692	761	559	727	649
Arterio-sclerosis.....	337	397	356	432	484
Influenza	261	529	148	447	358
Acute and Chronic Nephritis ..	312	318	326	295	302
Non-pulmonary Tuberculosis ...	235	221	187	208	201

It will be seen that the diseases showing an increase are chiefly heart disease, cancer, bronchitis, and arterio-sclerosis. Influenza varies, of course, according to epidemic incidence.

INFANTILE MORTALITY (Rate of deaths among children under 12 months of age, per thousand births).—The records for the administrative county and for England and Wales, together with a comparison of the rates among legitimate and illegitimate infants, for the years 1911–1925, are as follows:—

Year	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Urban Districts	111	78	79	79	92	75	86	80	71	61	67	58	49	55	56
Rural Districts	103	72	80	71	82	68	77	69	64	53	60	53	47	47	56
Whole County	109	76	80	77	89	73	83	77	69	58	65	57	48	53	56
England and Wales	130	95	109	105	110	91	97	97	89	80	83	77	69	75	75
Legitimate (Kent)	104	74	76	73	86	69*	80*	71	63	54	61	55	46	51	53
Illegitimate (Kent)	228	138	149	175	150	118*	121*	144	147	141	138	101	103	100	125

* For 1916 and 1917, in several districts, the deaths were not divided into legitimate and illegitimate, in which cases they were regarded as legitimate. Therefore, the actual disparity of rates for those two years is greater than is shown by the figures.

Infantile mortality rates in the different sanitary districts are shewn in tables 1 and 2, the district rates in comparison with the total urban or total rural rates are given in tables 31 and 32, and a detailed statement of causes of death under one year of age in table 35. It will be seen from the latter that the chief causes of death are congenital debility, malformation and premature birth (472), pneumonia (108), bronchitis (71), whooping cough (68) and diarrhoea (60).

There is a slight increase in the county rate compared with the two previous years, but it is still a very favourable one compared with England and Wales (75 per 1000 births), the 105 great towns (79 per 1000 births), the 157 smaller towns (74 per 1000 births) and London (67 per 1000 births).

The average infantile mortality rate during the past five years has been much lower than it has been in any previous five-year period.

The infantile mortality rates recorded in the various districts shew their usual contrasts, though on the whole the variations are not so marked as has been the case in previous years. The *urban* rates varied between *nil* in New Romney and 95 in Hythe. The lowest rates after New Romney were Queenborough 20, Tenterden 22, Southborough 27 and Sandgate 31, and the highest figures after Hythe were those of Northfleet 83, Ashford 76 and Sittingbourne 70 per 1,000 births.

In the *rural* districts the rates ranged from 25 in Milton to 110 in West Ashford, the latter figure being the highest in the whole county, and the only one which passed the 100 mark. Comparatively low rates may be noted in Sevenoaks and Tenterden, each with 29, Romney Marsh 38 and Strood 40; and fairly high rates in Hollingbourn 80, Thanet 79, East Ashford 76, Maidstone 73, Elham 71 and Sheppey 71. It will be seen that very high or very low rates are usually recorded in the smaller districts, where slight variations in the number of infant deaths effect marked fluctuations in the infantile mortality rate.

Attention may be drawn here to the striking figures (set out in the table) which show the difference in the rates of infant deaths among legitimate and illegitimate children respectively. Every student of human affairs knows that the mortality among the little citizens who are, through no fault of their own, "outside the high hedgerows of respectability," is heavy; but few, perhaps, realise that such mortality is so heavy when compared with that of the legitimate children. During the past seventeen years there has been a striking and praiseworthy reduction in infant deaths in Kent. Year follows year in proving that real progress is being made in this direction, and it is impossible to look back without feeling something of the pride of achievement. Yet the fact remains that the reduction is almost wholly among the legitimate children--the rate among the illegitimate continues much upon the same level as in the past. This should not be, though one realises to the full how the whole question is encircled and entangled with difficulties. The questions of social enlightenment and morality involved by the problem of the illegitimate child do not come within the scope of this report; but child welfare, in its widest sense, is a fundamental factor to every self-respecting community, and takes no heed of legitimacy or illegitimacy. On the broad basis of child welfare, then, it is asserted *that this rate is too high*; and every consideration should be given to possible means for its reduction in the near future.

TABLE 1.—Information relating to Population, Acreage, Deaths, Births and Infant Mortality in the different **Urban Districts** of the County of Kent in the year 1925.

DISTRICT.	Population 1925 (as estimated by the Registrar General.) *	Acreage, inclu- sive of water	Persons per acre, 1925 (Total population).	DEATHS.		Standardized death-rate.	BIRTHS.				INFANTILE MORTALITY.				No. of still births
				Number of deaths of civilians at all ages.	Net death-rate per 1,000 of civil popu- lation.		Legitimate.	Illegitimate.	Total.	Birth-rate. (Total population).	Legitimate.	Illegitimate.	Total.	Deaths of Infants under one year of age per 1,000 Births.	
Ashford U ...	13,800	2,850	4.9	174	12.7	10.76	209	16	225	16.4	15	2	17	76	—
Beckenham U ...	33,850	3,889	8.8	348	10.3	9.30	472	14	486	14.4	30	1	31	64	—
Bexley U ...	23,210	4,942	4.7	251	10.9	10.01	402	17	419	18.1	21	4	25	60	11
Broadstairs & St. Peter's U ...	11,280	2,770	4.1	129	11.5	10.64	97	6	103	9.2	7	—	7	68	—
Bromley B ...	35,440	4,697	7.6	417	11.8	10.46	486	34	520	14.7	28	2	30	58	—
Chatham B ...	42,720 <i>41,740</i>	4,356	9.9	489	11.8	10.84	837	32	869	20.4	52	3	55	64	44
Cheriton U ...	7,804 <i>5,444</i>	1,160	6.8	54	10.0	†	171	7	178	22.9	12	—	12	68	—
Chislehurst U ...	9,173	2,791	3.3	100	11.0	†	147	2	149	16.3	7	1	8	54	—
Crayford U ...	13,060	2,455	5.4	110	8.5	8.62	263	9	272	20.9	11	—	11	41	—
Dartford U ...	27,160	4,242	6.5	251	9.3	9.41	334	7	341	12.6	17	3	20	59	11
Deal B ...	12,270	1,114	11.1	152	12.4	9.48	182	7	189	15.5	7	—	7	38	—
Dover B ...	42,490 <i>40,460</i>	1,948	21.9	508	12.6	11.14	775	30	805	19.0	44	5	49	61	11
Erith U ...	33,040	3,859	8.6	333	10.1	10.21	585	17	602	18.3	31	3	34	57	—
Faversham B ...	10,750	685	15.7	113	10.6	8.67	161	8	169	15.8	5	1	6	36	—
Folkestone B ...	34,250	2,482	13.8	370	10.9	9.26	500	43	543	15.9	16	4	20	37	11
Gillingham B ...	57,080 <i>48,680</i>	4,938	11.5	501	10.3	9.37	925	26	951	16.7	46	3	49	52	22
Gravesend B ...	33,490 <i>32,730</i>	1,260	26.6	423	13.0	11.67	677	23	700	21.0	32	3	35	50	11
Herne Bay U ...	10,440	887	11.8	124	11.9	9.81	108	9	117	11.3	5	2	7	60	—
Hythe B ...	7,360	2,608	2.9	99	13.5	†	89	6	95	13.0	4	5	9	95	—
Lydd B ...	2,765 <i>2,275</i>	12,082	0.3	24	10.6	†	60	1	61	22.1	2	1	3	50	—
Maidstone B ...	39,400 <i>39,180</i>	4,008	9.9	432	11.1	9.64	601	24	625	15.9	37	1	38	61	11
Margate B ...	28,080	2,463	11.5	304	10.9	10.69	415	26	441	15.8	17	1	18	41	—
Milton Regis U ...	7,600	2,555	3.0	108	14.3	†	132	7	139	18.3	7	2	9	65	—
New Romney B ...	1,501	1,364	1.2	15	10.0	†	21	1	22	14.7	—	—	—	0	—
Northfleet U ...	16,890	3,932	4.3	207	12.3	11.58	328	13	341	20.2	28	—	28	83	—
Penge U ...	27,340	770	35.6	296	10.9	9.30	473	18	491	18.0	30	3	33	68	—
Queenborough B...	3,210	695	4.7	24	7.5	†	50	1	51	15.9	—	1	1	20	—
Ramsgate B ...	30,470	2,306	13.3	431	14.2	11.82	491	26	517	17.0	27	1	28	55	—
Rochester City ...	32,080 <i>31,980</i>	2,936	11.0	361	11.3	9.95	528	11	539	16.9	28	2	30	56	—
Sandgate U... ..	2,772 <i>2,222</i>	273	10.2	14	6.4	†	31	2	33	12.6	1	—	1	31	—
Sandwich B ...	3,169	708	4.5	35	10.5	†	58	4	62	19.6	3	—	3	49	—
Sevenoaks U ...	9,191	3,259	2.9	107	11.7	†	130	1	131	14.3	6	—	6	46	—
Sheerness U ...	17,530 <i>16,960</i>	864	20.3	176	10.4	9.94	334	7	341	19.5	16	2	18	53	—
Sidcup U ...	9,271	2,043	4.6	101	10.9	†	118	7	125	13.5	8	—	8	64	—
Sittingbourne U ...	9,767	1,004	9.8	119	12.2	†	179	8	187	19.2	13	—	13	70	—
Southborough U ...	7,023	1,702	4.2	107	15.3	†	108	7	115	16.4	3	—	3	27	—
Tenterden B ...	3,172	8,946	0.4	51	16.1	†	41	5	46	14.6	1	—	1	22	—
Tonbridge U ...	15,890	1,403	11.4	183	11.6	10.18	226	11	237	15.0	11	2	13	55	—
Tunbridge Wells B	34,080	3,991	8.6	467	13.8	10.09	404	24	428	12.6	13	2	15	36	—
Walmer U ...	5,709 <i>4,469</i>	988	5.8	71	15.9	†	62	1	63	11.1	3	—	3	48	—
Whitstable U ...	9,710	794	12.3	116	12.0	†	124	9	133	13.7	5	2	7	53	—
Wrotham U ...	4,313	8,883	0.5	41	9.6	†	71	2	73	17.0	3	—	3	42	—
Total in Urban Districts {	779,600 <i>761,900</i>	121,952	6.40	8,734	11.5	—	12,405	529	12,934	16.6	652	62	714	56	3

* The figures given in this column are the *total* populations, as estimated by the Registrar-General, and it is on these figures that the vital statistics have been computed. In the case of "garrison" centres, the *civil* population is added in italics.

† A "standardizing factor" is supplied by the Registrar-General, but only in respect of districts with a population of 10,000 or over at the last census. Such factor is the figure by which the crude death-rate should be multiplied in order to correct for differences of age and sex constitution of the population.

TABLE 2.—Information relating to Population, Acreage, Deaths, Births and Infantile Mortality in the different **Rural Districts** of the County of Kent in the year 1925.

DISTRICT.	Popula- tion, 1925 (as estima- ted by the Registrar General).	Acreage inclu- sive of water.	Persons per acre, 1925 (Total population).	DEATHS.		†Standardized death-rate.	BIRTHS.				INFANTILE MORTALITY.				
				Number of deaths of civilians at all ages.	Net death- rate per 1,000 of civil popu- lation.		Legitimate.	Illegitimate.	Total.	Birth-rate. (Total population).	Legitimate.	Illegitimate.	Total.	Deaths of Infants under one year of age per 1,000 Births.	No. of still-births.
Ashford, East	15,280	54,799	0·28	190	12·5	9·59	216	10	226	14·8	17	—	17	76	3
Ashford, West	7,813	39,489	0·20	117	15·0	†	123	5	128	16·4	11	3	14	110	3
Blean...	8,770	26,882	0·33	93	10·7	†	112	7	119	13·6	6	—	6	51	3
Bridge ...	11,340	41,796	0·28	146	12·9	9·33	134	7	191	16·9	9	—	9	48	7
Bromley ...	27,560	28,839	0·96	279	10·3	8·90	454	16	470	17·1	17	7	24	52	3
	<i>27,300</i>														
Cranbrook ...	12,940	41,315	0·32	174	13·5	9·98	194	15	209	16·2	12	2	14	67	5
Dartford ..	40,220	35,542	1·14	373	9·3	9·46	582	20	602	15·0	33	2	35	59	12
Dover ...	8,580	27,121	0·32	88	10·6	†	115	5	120	14·0	7	—	7	59	1
	<i>8,380</i>														
Eastry ...	13,480	43,683	0·31	155	11·5	8·54	220	12	232	17·3	14	1	15	65	2
Elham ...	8,188	37,153	0·23	87	11·1	†	107	7	114	14·0	6	2	8	71	2
	<i>7,838</i>														
Faversham ..	14,350	44,002	0·33	158	11·1	8·47	237	26	263	18·4	13	5	18	69	3
Hollingbourn	13,420	57,671	0·24	173	12·9	9·76	203	11	214	16·0	16	1	17	80	2
Hoo ...	4,752	19,727	0·25	46	9·7	†	91	5	96	20·3	4	—	4	42	3
Maidstone ...	17,080	34,996	0·49	223	13·1	10·00	280	11	291	17·1	20	1	21	73	6
Malling ...	25,840	38,458	0·68	295	11·5	9·34	442	17	459	17·8	16	3	19	42	6
Milton ...	14,480	27,727	0·53	170	11·8	9·62	242	5	247	17·1	6	—	6	25	6
Romney Marsh	3,134	30,375	0·11	35	11·2	†	46	7	53	17·0	2	—	2	38	1
Sevenoaks ...	24,100	63,335	0·39	269	11·2	8·95	376	15	391	16·3	10	1	11	29	5
Sheppey ...	5,473	20,806	0·27	44	9·3	†	82	3	85	15·6	6	—	6	71	1
	<i>4,763</i>														
Strood ...	16,900	32,499	0·53	161	9·7	8·57	295	11	306	18·2	11	1	12	40	9
	<i>16,740</i>														
Tenterden ..	5,880	38,379	0·16	66	11·3	+	95	9	104	17·7	1	2	3	29	4
Thanet ...	13,200	18,639	0·71	130	10·9	9·39	157	9	166	12·6	13	—	13	79	4
	<i>11,980</i>														
Tonbridge ...	18,120	46,805	0·39	220	12·2	9·50	290	10	300	16·6	16	3	19	64	4
<hr/>															
Total in Rural Districts ...	330,900 <i>328,000</i>	850,038	0·39	3,692	11·3	—	5,143	243	5,386	16·3	266	34	300	56	95
Total in Urban Districts ...	779,600 <i>761,900</i>	121,952	6·40	8,734	11·5	—	12,405	529	12,934	16·6	652	62	714	56	303 +
<hr/>															
Total for County	1,110,500 <i>1,089,900</i>	971,990	1·15	12,426	11·5	—	17,548	772	18,320	16·5	918	96	1,014	56	398 +

* The figures given in this column are the *total* populations, as estimated by the Registrar-General, and it is on these figures that the vital statistics have been computed. In the case of "garrison" centres, the *civil* population is added in italics.

† A "standardizing factor" is supplied by the Registrar-General, but only in respect of districts with a population of 10,000 or over at the last census. Such factor is the figure by which the crude death-rate should be multiplied in order to correct for differences of age and sex constitution of the population.

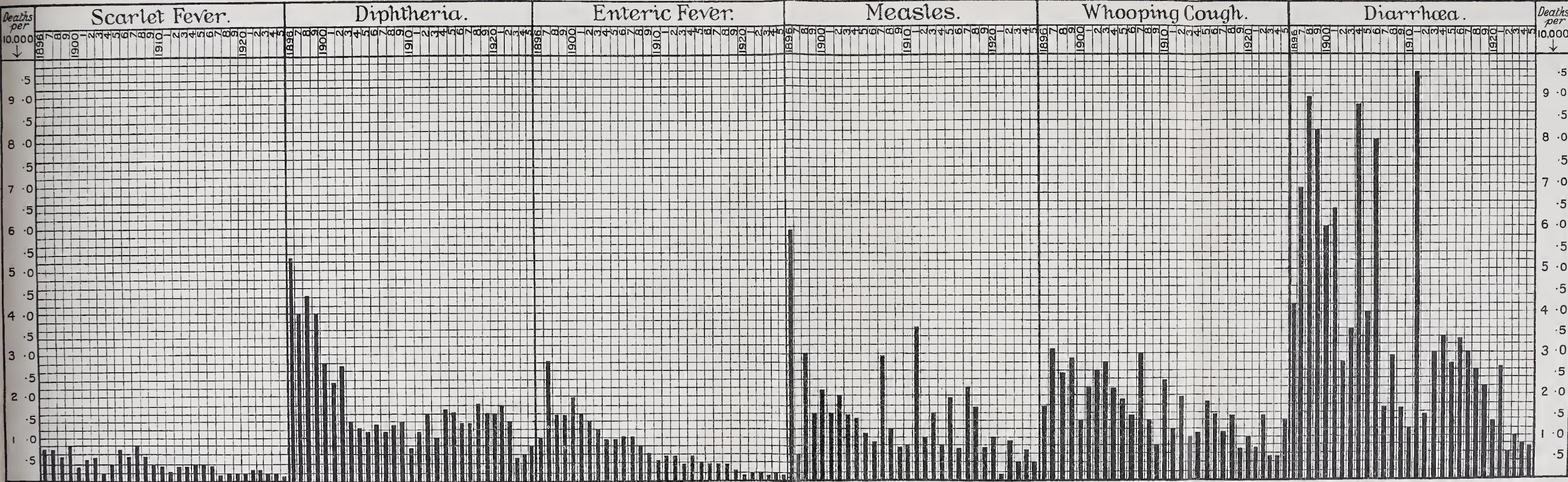
Maternal Mortality.

MATERNAL MORTALITY.—Table shewing the numbers of deaths of women in child-birth, in Kent, during the years 1908-1925 :—

Year.	Number of births.	Puerperal Sepsis.		Other accidents and diseases of pregnancy and parturition.		Total deaths.	Total rate per 1,000 births.
		Number of deaths.	Rate per 1,000 births.	Number of deaths.	Rate per 1,000 births.		
1908	23,126	19	0·9	56	2·5	75	3·3
1909	22,485	11	0·5	52	2·4	63	2·9
1910	21,604	16	0·8	51	2·4	67	3·2
1911	21,197	22	1·1	50	2·4	72	3·4
1912	21,137	14	0·7	52	2·5	66	3·2
1913	21,687	15	0·7	66	3·1	81	3·8
1914	21,415	19	0·9	62	2·9	81	3·8
1915	19,935	17	0·9	60	3·1	77	3·9
1916	21,383	34	1·6	64	3·0	98	4·6
1917	17,903	24	1·4	35	2·0	59	3·3
1918	17,564	17	1·0	40	2·3	57	3·3
1919	18,448	29	1·6	46	2·5	75	4·1
1920	25,543	36	1·5	72	2·9	108	4·3
1921	21,518	20	1·0	53	2·5	73	3·4
1922	20,184	31	1·6	55	2·8	86	4·3
1923	19,886	27	1·4	37	1·9	64	3·3
1924	18,326	16	0·9	44	2·5	60	3·3
1925	18,320	19	1·1	31	1·7	50	2·8
AVER- AGE	20,648	22	1·1	52	2·5	73	3·6

It is gratifying to note that the total rate figure for 1925 is the lowest recorded above, and with the extension of schemes of maternal welfare, I have no doubt that the rate will continue to show a decline, as many of the deaths are from preventable causes. In any case, the maternal mortality at present is higher than it should be.

Diagram showing the Death-rates (per 10,000 persons living) from Scarlet Fever, Diphtheria, Enteric Fever, Measles, Whooping Cough, and Diarrhoea, in the County of Kent, for each of the years 1896 to 1925 inclusive.



The above records are for the Administrative County from and including 1908; previous to that year, records for the Registration County (shown) only are available.

ZYMOTIC MORTALITY.

The following table gives particulars relating to the prevalence of, and the mortality from, the seven chief zymotic diseases, in Kent during 1925. The figures relate to the civil population only, and the table also shows (for purposes of comparison) the mortality recorded in the whole of England and Wales during 1925 :—

DISEASE.	Number of Cases.	Number of Deaths.	Rates of Deaths.		Death-rate in England and Wales in 1925 per 1,000 living persons.
			Per 100 persons attacked.	Per 1000 persons living.	
Small pox	Nil	1	—	0·001	0·00
Scarlet Fever	1518	10	0·66	0·01	0·03
Diphtheria and Membranous Croup ...	1100	82	7·46	0·08	0·07
Enteric, Typhus and Continued Fevers	109	9	8·26	0·009	0·01
Measles and Rubella	Not notifiable	36	?	0·04	0·13
Whooping Cough ...	Not notifiable	147	?	0 14	0·15
*Diarrhœa, including Enteritis (under two years)	Not notifiable	72	?	*3·94	*8·4
Totals	—	357	—	0·33	—

*The figures relating to diarrhœa have reference to children dying under two years of age, per 1,000 births.

The diagram facing page 30 will be found of interest, as showing the death-rates in Kent, per 10,000 persons living, from each of the zymotic diseases except small-pox, during the last thirty years. Although the rates fluctuate somewhat from year to year, it will be seen that there has been a most satisfactory decline.

Tables 31 and 32 show comparisons of the zymotic death-rates in the different sanitary districts, with those of the total urban and total rural districts.

ISOLATION HOSPITALS.

The following tabular statement gives particulars of the hospital accommodation available for infectious diseases in Kent :—

(In some instances it will be noted that figures are printed in italics. These relate to joint arrangements, and the figures are previously, or later, given against the name of the other authority concerned).

INFECTIOUS DISEASES HOSPITALS.				SMALL-POX HOSPITALS.		Steam Disinfectors available.
DISTRICT.	Number of Beds.	Number of separate Diseases.	Remarks.	Number of Beds.	Remarks.	
URBAN DISTRICTS.						
Ashford U.	37	3		6	Six beds, by arrangement, in West Ashford Rural Hospital	Yes.
Beckenham U. † ..	113	3	Joint hospital with Bromley B. Receives also cases from Chislehurst, Sidcup and Bromley R.	23	Joint hospital with Bromley B. Receives also cases from Chislehurst, Sidcup and Bromley R.	No.
Bexley U.	40	2		?	Arrangement with Metropolitan Asylums Board.	No.
Broadstairs U. † ...	128	3	Joint hospital with Margate B., Ramsgate B. and Thanet R.	16	Joint hospital with Margate B., Ramsgate B. and Thanet R.	Yes.
Bromley B. †	113	3	Joint Hospital-- see Beckenham above	23	Joint Hospital--see Beckenham above	?
Chatham B. †	80	4	Joint hospital with Rochester C.	24	Joint hospital with Rochester C. Capable of large extension.	Yes.
Cheriton U.	28	1	Receives cases from Hythe B., by agreement	8	By arrangement with Hythe B.	No.
Chislehurst U. † ..	113	3	See Beckenham U., above	23	See Beckenham above	No. (Arrangement with Sidecup).
Crayford U.	76	2	To Joint hospital of Dartford U. and R.	?	Arrangement with Metropolitan Asylums Board.	Yes.
Dartford U. †	76	2	Joint hospital with Dartford R.	?	Arrangement with Metropolitan Asylums Board.	Yes.
Deal B.	16	2	Joint hospital with Walmer U.	30	Arrangement with Eastry R., see below.	Yes.
Dover B. †	55	3	Receives cases from Dover R.	20	Receives cases from Dover R.	Yes.

† Indicates Motor Ambulance available.

INFECTIOUS DISEASES HOSPITALS.				SMALL-POX HOSPITALS.		Steam Disinfectors available.
DISTRICT.	Number of Beds.	Number of separate Diseases.	Remarks.	Number of Beds.	Remarks.	
URBAN DISTRICTS (continued).						
Erith U. †	52	3		?	Arrangement with Metropolitan Asylums Board.	Yes.
Faversham B.	24	3		10	Receives cases from Faversham R.	Yes.
Folkestone B. † ...	48	3	Receives cases from Sandgate U.	20		Yes.
Gillingham B. † ...	80	4	Old hospital closed at end of year and cases now admitted to St. William's Hospital—see Chatham B. above.	16		Yes.
Gravesend B. † ...	40	2		24	Receives cases from Strood R.	?
Herne Bay U.	11	2		12	Joint hospital with Blean R.	No.
Hythe B.	28	1	To Cheriton U.—see above.	8	Receives cases from Elham R. and Cheriton U.	No.
Lydd B.	15	3		2	Arrangement with Hastings.	No.
Maidstone B. † ...	20	2		Nil.		Yes.
Margate B. †	128	3	Joint hospital—see Broadstairs above.	16	Joint hospital—see Broadstairs above.	Yes.
Milton Regis U. †	102	4	Joint hospital with Sittingbourne U. and Milton R. Receives also cases from Sheerness U., Queenborough B. and Sheppey R.	20	Joint hospital with Sittingbourne U. and Milton R. Receives also cases from Sheerness U., Queenborough B. and Sheppey R.	?
New Romney B. ..	12	2	To Romney Marsh R.—see below.	12	Receives cases from Romney Marsh R.—see below.	No.
Northfleet U. ...	50	3	To Strood R.—see below.	6		Yes.
Penge U.	?	6	Arrangement with Borough of Croydon.	?	Arrangement with Surrey C.C.	No.
Queenborough B. †	102	4	See Milton Regis above.	20	Arrangement with Milton Regis U.—see above.	No.

† Indicates Motor Ambulance available.

INFECTIOUS DISEASES HOSPITALS.				SMALL-POX HOSPITALS.		Steam Disinfectors available.
DISTRICT.	Number of Beds.	Number of separate Diseases.	Remarks.	Number of Beds.	Remarks.	
URBAN DISTRICTS (continued).						
Ramsgate B. †.....	128	3	Joint hospital—see Broadstairs above	16	See Broadstairs above.	?
Rochester C.	80	4	Joint hospital—see Chatham above.	24	Joint hospital—see Chatham above.	Yes.
Sandgate U. †.....	48	3	See Folkestone above.	8		Hired when required.
Sandwich B. † .	31	2	Arrangement with Eastry R.—see below	30	Arrangement with Eastry R.—see below	No.
Sevenoaks U. . . .	12	3		12	Arrangement with Southborough	Yes.
Sheerness U. † ...	102	4	See Milton Regis above	20	See Milton Regis above	Yes.
Sidcup U. †.....	113	3	See Bromley and Beckenham above	23	See Bromley and Beckenham above	Yes.
Sittingbourne U. †	102	4	See Milton Regis above	20	See Milton Regis above	?
Southborough U...	14	2		24	Joint hospital with Tonbridge U., Tonbridge R. and Tunbridge Wells B. Admits cases from Sevenoaks R.	Yes.
Tenterden B.	12	1	Joint hospital with Cranbrook R.—see below	—	—	No.
Tonbridge U. † ...	47	3		24	See Southborough above	Yes.
Tunbridge Wells B.	57	4		24	See Southborough above	Yes.
Walmer U.....	16	2	Joint hospital with Deal	30	Arrangement with Eastry R.—see below	Yes.
Whitstable U. †..	26	3	Arrangement with Blean R.	10		Yes.
Wrotham U.	50	3	Arrangement with Sevenoaks R.	—		No.
RURAL DISTRICTS.						
Ashford, East ...	14	2		6		No.
Ashford, West ...	8	1		12	Receives cases from Ashford U.—see above	No.
Blean †	26	3		12	Joint hospital with Herne Bay U.—see above.	No.

† Indicates Motor Ambulance available.

INFECTIOUS DISEASES HOSPITALS.				SMALL-POX HOSPITALS.		Steam Disinfectors available.
DISTRICT.	Number of Beds.	Number of separate Diseases.	Remarks.	Number of Beds.	Remarks.	
RURAL DISTRICTS (continued).						
Bridge	34	3		30	Arrangement with Eastry R.—see below	Yes.
Bromley †	113	3	See Beckenham U. above	23	See Beckenham U.	No.
Cranbrook †	12	1	Joint hospital with Tenterden B.	—	—	No.
Dartford †	76	2	Joint hospital with Dartford U.—see above	?	Arrangement with Metropolitan Asylums Board	Yes.
Dover	55	3	See Dover B. above	20	See Dover B. above	No.
Eastry	31	2	Receives cases from Sandwich B.—see above	30	Receives cases from Deal B., Sandwich B., Walmer U. and Bridge R.—see above	No.
Elham	10	1		8	Arrangement with Hythe B.	No.
Faversham	36	5		10	Arrangement with Faversham B.—see above	Yes.
Hollingbourn † ...	16	2	See Maidstone R. below	16	Receives cases from Maidstone R.—see below	No.
Hoo	50	3	See Strood R. below	—	—	No.
Maidstone †	16	2	Receives cases from Hollingbourn R. by arrangement	16	See Hollingbourn R. above	Yes.
Malling †	25	3		8	—	Yes.
Milton †	102	4	See Milton Regis U. above	20	See Milton Regis U. above	No.
Romney Marsh ...	12	2	Receives cases from New Romney B.—see above	12	See New Romney B. above	No.
Sevenoaks †	50	3		24	See Southborough U. above	No.
Sheppey †	102	4	See Milton Regis U. above	20	See Milton Regis U. above.	No.
Strood	50	3	Admits cases from Hoo R.—see above	24	See Gravesend B. above	No.
Tenterden	—	—	No accommodation available.	—	No accommodation available	No.
Thanet †..	128	3	Joint hospital—see Broadstairs U. above	16	See Broadstairs U. above	No.
Tonbridge †	49	3	Receives also cases from Cranbrook R. and Tenterden R. by arrangement	24	Joint hospital—see Southborough U. above	Yes.

† Indicates Motor Ambulance available.

The total numbers of beds available for the County of Kent (excluding Penge which has an arrangement with an Authority in Surrey) are 1388 for ordinary infectious diseases, and 327 for small-pox. These figures represent 1·29 beds and 0·31 beds, respectively, per 1000 of the population.

Many authorities have improved their isolation hospital accommodation during the past five years, and, with one or two exceptions, it may be said to be satisfactory so far as ordinary infectious diseases are concerned. The nature of the accommodation for small-pox is far less satisfactory—this perhaps can hardly be avoided, inasmuch as there has been no outbreak in the majority of the districts for very many years, and there are usually no resident hospital staffs to ensure that the places are kept in order. It would therefore behove the councils concerned to make a periodical overhaul in order to be prepared for any emergency.

The following notes of interest are taken from the reports or the summaries of the local medical officers of health :—

Dover B.—It is proposed to reconstruct portions of this isolation hospital, and the work will be done, in sections, during 1926. Provision will be made for a new cubicle block for twelve patients, replacing another block, and a new laundry, disinfection and discharge block ; and there will be a re-arrangement of paths and drainage.

One of the blocks at this hospital has been adapted as an open-air tuberculosis pavilion for nine advanced cases, and, as such, is used continuously in connection with the tuberculosis scheme of the county.

Erith U.—Improved facilities for drying, in the laundry, are under consideration.

Folkestone B.—At the small-pox hospital, the lighting and the facilities for disinfection are matters needing urgent attention. At the infectious diseases hospital, re-flooring of the scarlet fever block is to be commenced during 1926.

Gillingham B.—The medical officer of health writes :—“ The closing down of the out-of-date isolation hospital and the arrangements made for the treatment of infectious cases in St. William’s Hospital, Rochester, represent a distinct advance in the public health administration of the borough.” This closing and transfer took place on January 1st, 1926.

Gravesend B.—During the year under review, an Inspector from the Ministry of Health made an inspection, and recommended that the diphtheria block be closed and a scheme formulated for a joint hospital in combination with the adjoining districts. Such a scheme is under consideration by the council.

Herne Bay U.—This hospital consists of two small cottages. It has been in existence for more than thirty years, and there is need of adequate hospital accommodation.

Hythe B.—The small-pox hospital needs arrangements for heating and lighting, and in addition a water-supply should be laid on to the premises.

Sevenoaks U.—Central heating (hot-water radiators) was installed in the wards and in part of the administrative block.

Southborough U.—There were alterations to the temporary block, which enabled provision of a nurse's room and a supply of hot water.

Tunbridge Wells B.—A modern coke-stove has been installed in the duty room, supplying hot water to the baths and washing-up sinks.

Blean R.—Bathrooms are required for the scarlet fever block, as well as alterations and additions to the hospital in general.

Cranbrook and Tenterden Joint Hospital.—A new block is being built which will provide another twelve beds.

Eastry R.—Dr. Day writes—"It is a matter of considerable concern to me that no provision exists for the isolation of enteric fever. This disease is one of the most serious in its possible consequences in regard to spread. So much depends upon the adequate disinfection of the excreta, bedding, &c., to say nothing as to the careful nursing attention required by cases. In a district so poorly provided with main drainage, and in which excreta are so commonly dealt with by the inhabitants themselves, the risk of epidemic spread of this disease is very great. Because, up to the present, no such spread has ever occurred, is no argument against my repeated suggestion that the council should consider seriously making provision for the isolation of cases of this disease."

Elham R.—The infectious diseases hospital at Etchinghill requires a public water supply, and a telephone should be installed.

Hollingbourn R.—General repairs were carried out at the small-pox hospital.

Maidstone R.—The council has decided to construct verandahs for the diphtheria and scarlet fever blocks at the isolation hospital, and two new bedrooms for the administration block. There is no observation ward at this institution.

Malling R.—In one of the blocks, containing five beds, there is no nurse's bedroom and no bathroom.

Proposed Joint Hospital for the Tonbridge Area.—In 1924 a proposal was made that the three authorities of this area (Tonbridge Urban, Tonbridge Rural and Southborough Urban) should amalgamate for the purposes of infectious disease isolation, and provide one hospital only for the three districts. The medical officer of health prepared several reports on the subject, in which it was shown that, from a medical point of view, one hospital would adequately and more satisfactorily serve the requirements of the district than three separate institutions. All the medical practitioners of the area were also agreed upon this, and the Clerks of the three areas estimated an annual saving of nearly £1,500 as the anticipated result of amalgamation. It was recommended that a Joint Hospital Board should be constituted, that the sites and buildings of the three existing hospitals should be taken over at their original capital cost, that the Tonbridge Urban hospital should be retained and the other hospitals disposed of. These recommendations were referred to the separate councils. Southborough decided to take a public referendum on the subject, and this resulted in a vote against the proposed amalgamation; but Tonbridge Urban and Rural Councils decided to proceed with such amalgamation so far as they were concerned.

STEAM DISINFECTORS.—The tabular statement of isolation hospital accommodation also shows the areas in which a steam disinfecter is provided; but it should be noted that, in several areas, although such disinfecter is not provided by the district council, one is available at the local Poor Law Institution. This is the case in *Herne Bay Urban, Sandwich Borough, Blean Rural, Eastry Rural, East Ashford Rural* and *Thanet Rural*. In addition, *Chislehurst Urban* and *Sandgate Urban* have “arrangements” with adjoining authorities for the use of disinfectors—the former with Sidcup Urban and the latter with Folkestone Borough.

Dr. Watts writes, in regard to *Broadstairs Urban* :—“I think the time has arrived when the council should consider the advisability of providing a larger steam disinfecter, housed in a more commodious building.” In mentioning the facilities in *Blean Rural*, where a Thresh disinfecter is available at the Workhouse, the same medical officer writes :—“It would be a great advantage if a steam disinfecter were erected at the hospital belonging to the Blean Rural District Council, and available for both Blean and Herne Bay districts.”

MOTOR AMBULANCES.—In the table of isolation hospital accommodation will be found an indication of those districts in which a motor ambulance is available. In a few districts such facility consists of an arrangement for hiring from an adjacent authority—*e.g.*, *Sandgate Urban* hires from Folkestone Borough, *Hollingbourn Rural* hires from Maidstone Rural.

In some of the districts where no motor ambulance is yet provided, the step is advocated by the medical officer of health. This is the case in *Bridge Rural*, *Eastry Rural*, *Faversham Rural* and *Strood Rural*. In *Tunbridge Wells Borough* and *Sevenoaks Urban* the matter is under consideration.

In *Gravesend Borough* a motor ambulance is to be provided during 1926, and the old one used for the removal of bedding. In *Folkestone Borough* a new motor ambulance is recommended, to replace the "very unsatisfactory" existing one. In *Blean Rural* the ambulance is fitted to a motor lorry.

NOTIFIABLE INFECTIOUS DISEASES.

The incidence of notifiable infectious diseases in each of the sanitary districts in Kent is shown in tables 3 and 4, whilst district incidence rates compared with the total urban or rural rates, are given in tables 31 and 32.

The following is a summary of the numbers of notifications of small-pox, scarlet fever, diphtheria and enteric fever, and the death rates per 1,000 of the civil population from these diseases, during the past fifteen years :—

Year.	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925.	
															Kent.	England & Wales.
Small-Pox Cases	27	3	1	2	2	0	0	5	23	9	4	10	0	3	0	5355
Death Rate	0·00	<i>nil</i>	<i>nil</i>	0·00	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	0·003	0·001	0·001	0·003	<i>nil</i>	<i>nil</i>	0·001	0·00
Scarlet Fever Cases	2330	3141	2408	3784	2862	1856	1079	1173	1825	2806	3667	2618	1657	1492	1518	91389
Death Rate	0·02	0·03	0·03	0·04	0·04	0·03	0·01	0·02	0·02	0·02	0·03	0·03	0·02	0·02	0·01	0·03
Diphtheria Cases	1392	2008	1738	2631	2136	1581	1477	1552	1589	2391	2659	1622	823	767	1100	47752
Death Rate	0·11	0·16	0·10	0·17	0·16	0·14	0·13	0·18	0·16	0·16	0·18	0·14	0·05	0·06	0·08	0·07
Enteric Fever Cases	334	362	197	270	221	210	134	118	77	126	145	87	115	196	109	2783
Death Rate	0·05	0·05	0·03	0·05	0·04	0·04	0·03	0·03	0·02	0·006	0·02	0·02	0·009	0·02	0·009	0·01

Zymotic Mortality is set out in the table on page 31.

SMALL-POX.—There were no notifications of this disease in Kent during 1925, but it will be seen from Table 34 that one death was attributed to this cause in *Strood Rural*. This case was admitted by the Port of London Authority to their hospital at Denton in that district.

The small number of notifications of this disease during several years past is noteworthy. For a county so near to the Continent, and possessing such an extensive seaboard with so many ports at which Continental traffic is handled, the freedom of Kent from really serious outbreaks of this disease over so long a stretch of years is a matter for extreme gratification. Nevertheless, our great good fortune and our highly efficient port sanitary services should not be allowed to act as soporifics, lulling us into any false sense of security. It is far from my aim to imitate the immortal Fat Boy in "Pickwick Papers," by "trying to make your flesh creep"; but I do desire to call attention once more to the subject of vaccination. For several years past, medical officers of health in many different districts have been calling attention to the proportion of the unvaccinated in our population. In my last annual report I quoted an instance of a district in Kent where, of the ninety-one children born, only ten were vaccinated. For the year under review, I will quote from the report of the medical officer of health of *Maidstone Borough*, who, while drawing attention to the fact that there has been no case of small-pox in that town since 1902, mentions that, during 1925, of 608 children whose births were registered, only 211 were vaccinated, "*so that 65·3 per cent. of the children born in our midst are not protected by vaccination.*" Dr. Oliver describes this matter as "a steadily increasing menace"—a description with which I agree, absolutely and without any reservation whatever.

SCARLET FEVER.—The notifications of this disease reached a slightly higher total than in the preceding year, as will be seen by the table on page 39. There is no record of a lower death-rate than that of the year under review. *Maidstone Borough* recorded what was by far the highest number of cases—128; and the highest incidence, per 1,000 of the civil population, was found in *Sandgate*, with 4·96 cases per 1,000 of the population, and *Sittingbourne* with 4·00 per 1,000.

In *Broadstairs and St. Peter's Urban*, twelve cases were recorded in a convalescent home, during the months of August and September. The medical officer of health and the medical officer of the home examined all the children in the home, and discovered a member of the nursing staff, in the "peeling" stage of the disease, whose attack "had been so mild that she had not been off duty, as it had not been recognised."

Towards the end of the year, the disease assumed epidemic form in Swanscombe and the adjacent parishes in *Dartford Rural* and continued into 1926.

Dr. Day (East Kent No. 2 United District) writes as follows :—

“ This disease affects the district with fair regularity yearly ; there appears to be a tendency to reduction in the incidence, and there is certainly a diminution in the virulence of the complaint. It is to this reduced severity that the regular prevalence of the disease may be ascribed ; in many cases the illness caused by an attack is so slight that medical assistance is not called for and cases wander about infecting others. In nearly every instance where outbreaks have occurred in schools, investigation has revealed a ‘carrier’ suffering from ear or nasal discharge, whose isolation has caused a cessation of the outbreak.”

“ Return ” cases of this disease numbered thirteen, distributed among the following districts :—Beckenham 4, Bexley 2, Folkestone 1, Sittingbourne 1, Southborough 1, Tonbridge 3 and Maidstone Rural 1.

DIPHTHERIA.—This disease showed an increase of prevalence compared with the record low incidence of the previous year, the number of cases reaching a total of 1,100, against the 767 notifications of 1924. The distribution of the cases, and the incidence per 1,000 of the civil population, will be found in tables 3 and 4. The chief incidence occurred in *Gravesend*, with a rate of 6·51 per 1,000 of the population, and the adjoining town of *Northfleet* with a rate of 4·98. With the facilities which are now available for bacteriological examinations of swabs from contacts, the incidence rates should be reduced to a minimum.

Some interesting comments from the reports of the district medical officers of health, are as follows :—

Erith Urban.—During the first three months of the year, cases of diphtheria continued to arise in one school. All the children were swabbed, and the swabs examined at the County Bacteriological Laboratory. Thirteen carriers were found, and excluded until free from the Klebs-Löffler bacillus, and the outbreak ceased.

Folkestone Borough.—There was a recrudescence of diphtheria in the second half of the year. The infection was imported by visitors during the summer, and was characterised by the prevalence of the nasal type of the disease, which has accounted for several “missed” cases.

Gravesend Borough.—Notifications of diphtheria were received practically throughout the year, and all parts of the borough were affected. No definite cause was discovered, but it was noticed that Grays and Tilbury in Essex, and the adjacent Kentish districts of Northfleet Urban and Dartford Rural, were also affected, though not to the same extent. The notifications declined towards the end of the year. A number of the cases showed no clinical signs in the throat, but were “swab positive.”

TABLE 3 —Shewing the Number of Cases of Infectious Disease among the Civil Population notified in each of the **Urban Districts** in the County of Kent, the Number of such Cases which were treated in Hospital, and the incidence per 1,000 of the population of cases of Diphtheria, Scarlet Fever, and Enteric Fever, during the year 1922

DISTRICT.	Small-pox	Diphtheria including Membranous Group	Erysipelas.	Fevers.			Cerebro-spinal Meningitis.	Polio-myelitis.	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.	Malaria.	Encephalitis Lethargica.	Pneumonia.	Cases removed to Hospital.					Incidence per 1,000 of population	
				Scarlet.	Enteric.	Puerperal.									Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.	Other.	Diphtheria	Scarlet Fever
Ashford (Urban) ...	3	6	19	...	1	...	...	...	1	22	1	...	1	20	...	3	13	...	1	0.22	1.33
Beckenham (Urb.) ...	11	9	53	5	2	...	...	...	...	39	14	1	5	42	...	8	42	2	1	0.38	1.57
Bexley (Urban)...	16	1	63	...	2	...	...	...	...	32	12	...	2	3	...	9	58	...	1	0.69	2.77
Broadstairs & St. Peter's (Urban) ...	18	10	32	2	...	...	...	2	...	32	7	...	3	43	...	12	21	1	3	1.60	2.88
Bromley (Borough) ..	17	7	32	...	1	...	3	2	3	38	17	2	1	36	...	17	30	...	11	0.48	0.90
Chatham (Borough)...	47	20	53	4	4	...	...	...	6	68	41	2	1	12	...	46	48	3	...	1.13	1.22
Cheriton (Urban) ...	1	1	7	...	...	...	...	...	1	15	1	...	...	3	...	...	6	...	...	0.19	1.22
Chislehurst (Urb.) ...	2	1	13	...	...	...	...	...	...	16	5	1	1	1	...	2	12	...	...	0.22	1.44
Crayford (Urban) ...	33	3	21	2	...	...	...	...	3	30	18	...	...	4	...	33	21	...	1	2.53	1.66
Dartford (Urban) ...	37	8	47	1	...	...	...	...	3	44	12	...	1	14	...	35	38	...	1	1.37	1.77
Deal (Borough) ...	1	2	3	1	...	...	...	...	...	18	5	...	...	...	...	...	3	1	...	0.09	0.22
Dover (Borough) ...	20	8	33	1	4	...	1	...	18	87	17	...	2	35	...	14	29	...	6	0.50	0.88
Erith (Urban) ...	87	9	57	1	2	...	...	...	2	62	36	1	2	30	...	87	55	1	3	2.64	1.77
Faversham (Borough)...	4	4	13	...	...	...	...	...	1	13	9	...	1	1	...	4	11	...	2	0.38	1.22
Folkestone (Borough)...	29	3	47	2	3	...	1	...	8	54	21	1	...	22	...	26	41	...	11	0.85	1.33
Gillingham (Borough)...	18	23	56	2	1	...	...	...	3	60	20	...	1	5	...	17	30	2	...	0.37	1.11
Gravesend (Borough)...	213	13	22	...	2	...	...	...	3	23	16	...	4	...	...	190	12	...	...	6.51	0.61
Herne Bay (Urban) ...	...	1	11	...	1	...	...	...	...	12	8	...	...	5	...	...	8	...	1	0.00	1.00
Hythe (Borough) ...	1	...	13	...	...	...	...	...	...	10	2	...	...	1	...	...	11	...	...	0.14	1.77
Lydd (Borough)...	...	...	...	...	...	...	...	...	...	8	2	...	...	1	...	...	...	...	...	0.00	0.00
Maidstone (Borough)...	22	22	128	4	1	...	...	...	1	59	10	...	...	16	...	19	123	2	1	0.57	3.21
Margate (Borough) ...	67	6	43	1	2	...	...	...	...	75	37	...	4	21	...	65	35	1	...	2.39	1.57
Milton Regis (Urb.) ..	4	3	16	1	...	...	...	...	...	13	3	...	...	15	...	4	16	1	1	0.53	2.11
New Romney (Borough)...	...	1	...	...	...	...	...	...	...	3	...	...	...	3	...	...	...	...	1	0.00	0.00
Northfleet (Urban) ...	84	4	17	2	1	...	...	...	...	22	4	...	...	...	...	38	3	2	...	4.98	1.07
Penge (Urban) ...	27	5	31	15	1	...	...	...	1	26	14	3	3	32	...	25	24	7	5	0.99	1.14
Queenborough (Borough) ..	...	1	2	...	...	...	...	...	...	6	3	...	...	...	...	...	2	...	...	0.00	0.63
Ramsgate (Borough) ..	31	8	43	1	...	...	...	1	2	70	50	2	1	46	...	30	40	1	9	1.02	1.42
Rochester (City) ...	11	10	25	...	2	...	2	1	3	31	18	...	...	25	...	11	23	...	2	0.35	0.79
Sandgate (Urban) ...	1	...	11	...	...	...	...	...	...	...	...	...	...	...	...	1	10	...	...	0.46	4.96
Sandwich (Borough)...	1	2	1	1	...	...	...	...	...	6	5	...	...	1	...	1	1	1	...	0.32	0.32
Sevenoaks (Urban) ...	6	1	16	...	1	...	...	...	1	8	5	...	1	1	...	3	9	...	1	0.66	1.73
Sheerness (Urban) ...	6	5	17	1	...	...	...	...	2	34	6	1	...	16	...	6	14	...	...	0.36	0.01
Sidecup (Urban) ...	4	2	5	...	1	...	1	...	...	6	2	...	2	13	...	4	4	...	1	0.44	0.54
Sittingbourne (U.) ...	10	3	39	8	...	...	...	...	...	20	5	...	...	15	...	10	38	8	1	1.03	4.00
Southborough (U) ...	4	...	12	...	1	...	...	...	...	8	2	...	...	...	...	4	11	...	...	0.57	1.71
Tenterden (Borough)...	...	1	6	1	...	...	...	...	...	1	2	...	...	2	...	...	5	...	...	0.00	1.90
Tonbridge (Urban) ...	4	9	46	1	...	...	...	...	...	16	8	...	2	5	...	4	46	1	...	0.26	2.90
Tunbridge Wells (Borough)...	14	11	72	3	1	...	...	...	...	27	9	...	3	38	...	14	69	2	...	0.42	2.12
Walmer (Urban) ...	2	...	...	1	...	...	...	...	...	7	...	...	...	...	...	2	...	1	...	0.45	0.00
Whitstable (Urban) ...	...	1	15	2	1	...	...	...	...	16	13	...	...	23	...	...	6	2	...	0.00	1.55
Wrotham (Urban)...	2	...	10	...	...	...	...	...	...	4	1	...	...	...	...	...	...	...	...	0.47	2.32
TOTAL URBAN ...	858	224	1150	63	35	...	8	6	62	1141	461	14	41	550	...	744	968	39	64	1.13	1.51

TABLE 4.—Showing the number of Cases of Infectious Disease among the Civil Population, notified in each of the **Rural Districts** in the County of Kent, the Number of such Cases which were treated in Hospital, and the incidence per 1,000 of the population of cases of Diphtheria, Scarlet Fever, and Enteric Fever, during the year 1925.

DISTRICT.	Small-pox.	Diphtheria including Membranous Group	Erysipelas.	Fevers.			Cerebro-spinal Meningitis	Polionyelitis.	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.	Malaria.	Encephalitis Lethargica.	Pneumonia.	Cases removed to Hospital.					Incidence per 1,000 of population of notified cases.		
				Scarlet.	Enteric.	Puerperal.									Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.	Other.	Diphtheria.	Scarlet Fever.	Enteric Fever.
Chatham, East ...	4	3	7	2	...	...	...	...	...	22	2	1	..	8	...	3	7	2	2	0·27	0·46	0·14
Chatham, West ...	2	2	5	...	...	...	1	..	...	7	4	...	...	22	...	2	3	..	1	0·26	0·64	0·00
Deal ...	...	2	10	...	...	...	...	...	...	11	9	...	2	4	...	...	9	...	2	0·00	1·15	0·00
Deal, East ...	3	4	2	1	...	...	...	...	...	20	8	1	...	10	...	2	1	1	...	0·27	0·18	0·09
Deal, West ...	9	3	15	6	1	1	1	3	38	10	...	..	...	10	...	8	14	5	1	0·33	0·55	0·22
Deal, North ...	3	3	5	1	...	...	...	...	...	17	2	...	...	...	...	...	..	...	...	0·24	3·87	0·08
Deal, South ...	80	9	61	1	...	1	...	...	...	27	10	...	1	4	...	80	60	1	1	1·99	1·52	0·03
Deal, East ...	2	...	12	...	...	...	...	...	...	9	4	...	2	8	...	2	11	..	10	0·24	1·44	0·00
Deal, West ...	10	2	11	1	...	...	...	...	...	28	9	...	1	..	...	8	9	1	1	0·75	0·82	0·08
Deal, North ...	4	7	3	...	...	...	...	...	...	13	6	1	1	14	...	1	3	...	..	0·52	0·39	0·00
Deal, South ...	6	2	8	...	...	...	...	...	1	16	17	...	...	4	..	6	9	...	...	0·42	0·56	0·00
Deal, East ...	7	6	18	1	..	...	...	...	2	13	...	...	...	3	...	6	13	..	...	0·53	1·35	0·08
Deal, West ...	4	...	3	...	...	...	...	...	...	7	3	..	..	2	...	3	...	...	...	0·85	0·64	0·00
Deal, North ...	21	2	31	4	1	...	...	...	...	26	4	...	...	11	...	20	28	4	1	1·23	1·82	0·24
Deal, South ...	43	6	28	1	2	..	...	...	...	31	9	...	...	31	...	28	24	...	...	1·67	1·09	0·04
Deal, East ...	10	3	14	1	...	...	...	...	1	23	11	...	...	14	...	9	14	...	...	0·70	0·97	0·07
Deal, West ...	...	1	2	...	...	...	...	...	...	2	1	...	...	4	...	...	...	...	...	0·00	0·64	0·00
Deal, North ...	7	13	60	1	...	...	...	...	3	23	16	1	...	8	...	7	58	1	1	0·30	2·49	0·05
Deal, South ...	1	4	2	...	..	...	...	...	2	8	5	...	2	5	..	1	2	...	10*	0·21	0·42	0·00
Deal, East ...	9	1	19	...	..	...	...	...	1	15	7	...	..	13	..	9	16	...	...	0·54	1·14	0·00
Deal, West ...	...	1	5	2	...	...	...	...	...	10	2	2	...	...	...	...	2	1	...	0·00	0·86	0·35
Deal, North ...	6	4	11	22	...	...	...	...	...	25	14	...	1	6	...	6	11	...	...	0·51	0·92	1·84
Deal, South ...	11	6	36	2	1	...	..	...	2	17	8	1	5	13	...	11	35	1	2	0·61	1·99	0·12
Deal, East ...	242	84	368	46	5	2	2	15	408	161	7	15	194	...	212	329	17	32	...	0·74	1·13	0·15
Deal, West ...	858	224	1150	63	35	8	6	62	1141	461	14	41	550	...	744	968	39	64	...	1·13	1·51	0·09
Deal, North ...	1100	308	1518	109	40	10	8	77	1549	622	21	566	744	...	956	1297	76	96	...	1·01	1·40	0·11
Deal, South ...	69	?	7	6	16	?	...	?	580	140	?	23	?	...	...	...	...	...	...	...	...	...
Deal, East ...	1	13	?	3	3	3	?	1	?	216	61	?	10	?	...	...	...	...	...	...	...	...
Deal, West ...	1	82	?	10	9	19	?	1	?	796	201	?	33	?	...	...	...	...	...	...	...	...

In addition to these cases, two cases of encephalitis lethargica, two cases of pneumonia, and two cases of ophthalmia neonatorum were admitted to the Poor Law Hospital.

Margate Borough.—During the autumn, there was a small outbreak of diphtheria—probably due to one or two missed cases—among the children attending one school. Sixteen children were affected. The school and the Sunday School were closed, and those children from the area who attended other schools, were temporarily excluded. “Swabs” were taken, not only from the throats of children (among whom five carriers were discovered) but from all men connected with the milk supply; while the drains of the school were tested and the premises thoroughly disinfected. The disease was of a mild type. There were no complications and no deaths.

Northfleet Urban.—The high incidence of diphtheria which was mentioned last year (see page 19 of my annual report for 1924) was “carried over,” to some extent, into 1925. The disease decreased during the first three months, then showed a sharp recrudescence, and in some cases assumed a very virulent form. Eighty-four cases were notified in all, almost entirely among children of school age; and there were fifteen deaths. Many of the cases were very mild, and were only discovered by bacteriological examination.

Tunbridge Wells Borough.—Diphtheria continued to show a low incidence, and in commenting upon this fact Dr. Linton makes the following interesting remark:—“One of the factors which have tended to reduce diphtheria has been, in my opinion, the large amount of work done in removing unhealthy conditions of the nose, throat and mouths of school-children by removal of tonsils and adenoids, by attention to decayed teeth, and by teaching personal hygiene.”

In addition to the fourteen cases shown in Table 3, five “carriers” were also removed to hospital in this district.

Dartford Rural.—Diphtheria, after a steady decline during the past few years, showed an increase during 1926, and eighty cases were notified. About half the cases were “school” cases, and Dr. Richmond points out that “early swabbing of whole class rooms for single cases would probably prevent many serious outbreaks of diphtheria, save many lives and large sums in hospital fees.”

Malling Rural.—Of the forty-three cases of diphtheria in this district, nearly one-half occurred in an outbreak in the Snodland area. There was no special school-causation, and there was abundant evidence, in some cases, of personal infection in the home. Only nine of the twenty one cases were removed to hospital “as against twelve treated in their own homes in a thickly populated area”; and the medical officer of health was satisfied that continuance of the epidemic was largely due to personal contact in the home and elsewhere in public places frequented by convalescent children, before they were allowed to return to school.

Dr. Day, Medical Officer of Health of the East Kent (No. 2) United District, makes the following interesting comments in his annual report:—

“On taking over the district in 1921, I found that this disease was very prevalent and had been so for some time previous, especially in the Bridge area. Cases were occurring throughout the year and the mortality was high. Investigation suggested a local cause, probably infection due to “carriers” in the schools of the affected localities. Careful swabbing of some hundreds of children at the suspected schools revealed the existence of many “carriers” and sub-acute actual cases. It was obvious that drastic steps must be taken if the almost endemic conditions of the disease were to be checked and the mortality reduced. I found that although supplies of antitoxin were available, free of charge, for the use of local practitioners, little or none was being used. I therefore caused a supply to be furnished direct to practitioners. This supply is renewable on use and is replaced by the sanitary inspector on the expiry of its term of potency. By this means I hoped to encourage the administration of antitoxin prior to admission to hospital and thus to reduce mortality. I also obtained the sanction of the councils to making a payment of 2s. 6d. per swab to practitioners immediately swabbing contacts of cases which they found, thus making a considerable saving of time in ascertaining “carriers” in the remoter country areas. I caused all actual cases and positive carriers to be isolated in hospital until proved to be free from infectivity. The result has been gratifying; there has been a complete change in the incidence and mortality of the disease during the five years under review. The mortality has fallen from 10·4 per cent. in 1921 to nil in 1925. The incidence has fallen from seventy-seven in 1921 to fifteen in 1925; the Bridge area is practically free from the disease, the incidence having fallen from fifty-four cases, with seven deaths, in 1921, to three cases, with no deaths, in 1925. In 1921 the source of cases was in nearly every instance local infection, while in 1925 the infection, in every undoubted case of the disease, was directly traceable to infection from without the district. Whereas in, and prior to, 1921, cases had cropped up with fair regularity throughout the year in infected areas, now the outbreaks are very infrequent and disappear almost as soon as they arise. Prompt swabbing in schools exposed to infection, and isolation of “carriers,” would appear to be a very efficient method of dealing with this disease. The expense of isolating “carriers” is much less than would be incurred in the isolation and treatment of the actual cases to which the carriers might give rise and the potential mortality is reduced to nil.”

Dr. Wernet, of the North East Kent United Districts, writes:—“This disease shows a steady decline for the last five years, and this is no doubt due to prompt swabbing of all contacts and isolation of those proved to be positive. This was markedly illustrated in one house, where, besides the

original case, there were six positive contacts, five out of six of these sleeping in one room—an excellent focus for the starting point of an epidemic, but immediately checked by discharging them all to hospital.”

“Return” cases of diphtheria were notified as follows:—Crayford 2, Dartford 1, Gravesend 3, Northfleet 3 and Sidcup 1—a total of ten.

ENTERIC FEVER—There was a sharp decrease in the notifications of enteric fever—one hundred and nine cases, against the one hundred and ninety-six of the preceding year. The highest number of cases, and the highest incidence, is to be noted in *Thanet Rural*. The county mortality rate was also very low. The last six or seven years have been remarkably free from this disease and no other disease shows such a steady and continuous decline. There is every hope that, in a few years’ time, the disease will almost disappear, and improved sanitary conditions and care of food supplies will help towards this end.

Reference should also be made to the chart facing page 30.

In two areas the comments by the medical officers of health are of unusual interest. In the *Thanet Rural* outbreak the cases (of Paratyphoid B) occurred among the scholars of a private school, and Dr. Watts made special reports upon the occurrence. The cases, twenty-two in all, arose ten days after the return of the boys from the Easter holiday; they were confined to the boys, and they all recovered. A medical officer of the Ministry of Health visited the school, and spent some days on researches in the neighbourhood, and every possible source of infection was investigated. A “carrier” did not seem possible; the water, and the milk, were above suspicion; the drainage was in good order; and “one was forced to the conclusion that a particular cheese obtained from Italy and consumed at one meal a few days after the re-assembly of the school, was the means whereby the infection was introduced.” The patients were isolated and treated in a house in the grounds of the school.

In an outbreak in *Penge Urban* twelve cases of paratyphoid fever were notified, and almost every case had consumed pastry from a pastrycook’s shop in an adjoining area. These twelve cases (all of which recovered) were part of an extensive outbreak which affected several areas outside Kent. Enquiry showed that the foreman-pastrycook was a mild case. It is interesting to note that in 1924 there was a similar outbreak—also due to the consumption of pastry and cakes—in *Chatham Borough* (see page 22 of my last annual report), and there also a “carrier” was discovered among the pastrycooks; but there was no connection between the two outbreaks.

MALARIA. - Twenty-one cases of malaria were recorded, compared with sixteen in 1924. Tables 3 and 4 show the distribution of the cases throughout the county.

The incidence of this disease during the past five years is as follows:—1921, 52 ; 1922, 27 ; 1923, 10 ; 1924, 16 ; and 1925, 21.

CEREBRO-SPINAL MENINGITIS.—Tables 3 and 4 show the districts in which cases of this disease were notified. The total number of cases in the county was ten, which compares with sixteen notifications in the previous year and five in 1923.

DYSENTERY.—Four cases of this disease were notified in the *Romney Marsh Rural* area. The first two (both children) occurred in April at a farm in Dymchurch, whence milk was retailed, and sale of this milk was stopped when the disease was proved by bacteriological examination until further such examinations showed that the infection had disappeared. In September two further cases occurred, this time in two children of a family visiting the district, and prompt enquiry showed that these visitors obtained their milk from the same farm as mentioned above. Accordingly sale of the milk was again stopped, and Dr. Ponder, the County Bacteriologist and Assistant County Medical Officer, investigated the outbreak, but the original infection could not be traced. The milk was therefore again released, and no further cases have so far occurred.

One case also occurred in *Maidstone Borough*.

CHICKEN-POX.—This disease was notifiable in certain districts for varying periods, and the numbers of cases notified during those periods were as follow:—Broadstairs Urban (all the year, one hundred and forty-one cases), Dartford Urban (all the year, thirty-four cases), Queenborough Borough (until July 15th, twenty-two cases), Sheerness Urban (until July 15th, one hundred and eight cases), Bridge Rural (all the year, twenty-six cases), Dover Rural (all the year, nine cases, six of which were removed to hospital), Eastry Rural (all the year, fifty cases), Sheppey Rural (all the year, nine cases) and Tonbridge Rural (all the year, twenty-four cases).

MEASLES.—This disease remained notifiable in three districts in the county—Dartford Urban (three hundred and twenty-five cases), Folkestone Borough (Four hundred and forty-five cases, including rubella) and Herne Bay Urban (four cases, and three of rubella). Further reference to this disease will be found on page 93.

ENCEPHALITIS LETHARGICA.—Dr. Galbraith, of the South-West Kent United Health Area, makes the following interesting and provocative comment: “This disease is apparently being looked upon as less of an infectious nature, as cases are now frequently treated in general hospitals.

In my 1924 report I expressed the opinion that, like beri-beri, it may be a vitamin deficiency disease due to wrong diet. This theory was supported by the histories of some of the cases—for instance, one patient, aged sixty years, had been in the habit of taking nothing but water and white bread for supper.”

GENERAL.—Several of the medical officers of health refer to the fact that the year under review was a satisfactory one, so far as infectious diseases were concerned, although the aggregate of cases in the county shows an increase. Characteristic comments are as follow :—

Chislehurst U.—“ A satisfactory year as regards infectious disease.”

Rochester C.—“ A light year all round.”

Queenborough B.—“ An uneventful year.”

Sheerness U.—“ A marked diminution in the number of cases of scarlet fever.”

Sidcup U.—“ A satisfactory year.”

Bromley R.—“ Very satisfactory year. Fewer notifications received than for twenty years past.”

Faversham R.—“ Infectious disease notifications showed the lowest total since the Act came into force.”

Dr. Wernet (North-East Kent United District) writes as follows :—

“ There is no doubt that overcrowding facilitates the spread of all infectious diseases, but in these days other factors play an important role, such as cheap transport in trains and ’buses, and the popularity of picture houses, where children of all ages assemble in great numbers and under conditions favourable to the spread of infection. Yet, making allowance for sporadic outbreaks, these diseases certainly appear to be getting steadily less, and may be attributable to protecting the children by increasing their powers of resistance. Some other factors there may also be to explain this decline in infectious diseases, but it is very probable that a large amount of this improvement is due to the work of infant welfares and of school medical inspection and treatment.”

TUBERCULOUS DISEASES.

There were 1,549 cases of phthisis and 622 cases of other tuberculous diseases notified throughout the county during the year, as shewn in Tables 3 and 4.

The deaths from phthisis numbered 796, and of these 580 were recorded in *urban* districts and 216 in *rural* districts—the mortality rates being 0·75 and 0·65 respectively, per 1,000 of the population living. The mortality rate for the whole county was 0·72—the lowest rate ever recorded. This welcome reduction would probably have been recorded sooner but for the intervention

of the war and the consequent return to civilian life of large numbers of ex-service men with the disease either attributable to or aggravated by war service.

As regards other tuberculous diseases, 140 deaths occurred in *urban* and 61 in *rural* districts, the mortality rates being 0·18 in each instance, compared with 0·19 in the previous year, and an average rate of 0·25 for the previous ten years.

The following table shews the cases of *pulmonary tuberculosis* notified, the number of deaths, and the death-rate in Kent compared with that of England and Wales, during recent years :—

Year.	Administrative County of Kent.						England and Wales.	
	No. of Cases Notified.	Total No. of Deaths.	Death-rate per 1,000 popn.			Mortality per cent. of total Deaths. (County).	Death-rate per 1,000 popn.	Mortality per cent. of total Deaths.
			Urban.	Rural.	Whole County.			
1914	1744	903	0·84	0·89	0·86	7·2	1·04	7·5
1915	1448	954	1·00	0·92	0·96	6·4	1·16	7·4
1916	1554	1034	1·02	0·92	0·99	7·8	1·17	8·2
1917	1408	1055	1·05	0·98	1·03	8·1	1·25	8·7
1918	1652	1184	1·20	1·08	1·16	8·0	1·34	7·6
1919	1455	995	0·97	1·00	0·98	8·0	0·99	7·3
1920	1489	836	0·83	0·73	0·80	7·2	0·88	7·2
1921	1438	876	0·82	0·80	0·81	7·2	0·88	7·3
1922	1518	812	0·80	0·64	0·75	6·8	0·89	7·0
1923	1668	835	0·76	0·77	0·76	7·4	0·83	7·2
1924	1520	846	0·77	0·75	0·76	7·0	0·84	7·0
10 years' average.	1515	943	0·92	0·86	0·90	7·4	1·02	7·5
1925	1549	796	0·75	0·65	0·72	6·5	0·84	6·9

It will be seen that the number of cases of *pulmonary tuberculosis* notified shows an increase on the figures for the preceding year and the average of the past ten years ; but the increase is so slight as to be almost negligible, and, when considered side by side with the efforts made to secure a higher standard of notification (see later), bears no significance

The following figures shew the variations in the incidence of, and mortality from, *other tuberculous diseases* during the past twelve years :—

													1925.	
	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	10 years average.	Kent	England & Wales
Cases Notified	525	446	383	399	379	422	323	358	395	489	504	409	622	19228
Death-rate ...	0·28	0·37	0·29	0·31	0·31	0·25	0·24	0·22	0·20	0·17	0·19	0·25	0·18	0·21

The year under review shows a marked increase over the numbers of notifications during several years past, but (as in the case of *pulmonary tuberculosis*) too much significance should not be attached to this fact, bearing in mind the efforts made to improve the standard of notification.

The figures relating to notifications in the above tabulations and in Table 6 are taken from the annual reports of the local medical officers of health, whilst those in the three returns set out below are obtained from the weekly statements from the same officers.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

Summary of Notifications during the period from the 4th January, 1925, to the 2nd January, 1926, in the County of Kent.

AGE PERIODS.	Notifications on Form A											Notifications on Form B			Number of Notifications on Form C.				
	Number of Primary Notifications.											Total Notifications on Form A.			Number of Primary Notifications.		Total Notifications on Form B.	Poor Law Institutions.	Sanatoria.
	Total Notifications on Form A.											Total Prim-ary Notifi-cations.		Total Prim-ary Notifi-cations.					
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.	Total Prim-ary Notifi-cations.	Un-der 5	5 to 10	10 to 15	Total Prim-ary Notifi-cations.			
Pulmonary Males...	—	7	35	40	76	100	189	175	113	51	19	805	868	—	1	1	2	21	343
Females ...	—	9	25	41	91	116	181	107	75	29	8	682	732	—	—	—	—	12	252
Non-pulmonary Males ...	10	54	87	51	13	9	15	17	3	3	1	263	276	—	7	1	8	1	61
Females ...	9	51	63	53	24	20	25	13	3	4	2	267	278	—	1	2	3	—	53

Form "A" is used by a Medical Practitioner on first becoming aware that a patient is suffering from tuberculosis, unless he has reasonable grounds for believing that the case has already been notified.

Form "B" is used by School Medical Officers to make a weekly return to the Medical Officers of Health of all cases of tuberculosis coming under their notice in carrying out the duties of medical inspection of school children in Public Elementary Schools.

Form "C" is for the use of Medical Officers of Poor Law Institutions and Sanatoria to make a weekly return of cases admitted into their institutions, and applies only to cases which have been previously notified on Form "A."

Patients notified as suffering from both pulmonary and non-pulmonary disease are included in the above summary as "pulmonary" cases only.

SUPPLEMENTAL RETURN.

Shewing new cases of Tuberculosis coming to the knowledge of the Chief (Administrative) Tuberculosis Officer during the period from 4th January, 1925, to the 2nd January, 1926, otherwise than by notification on Form A or Form B under the Public Health Tuberculosis Regulations, 1912 :—

Age Periods.	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.	Total Cases.
Pulmonary												
Males ...	—	—	—	—	—	3	9	14	7	4	4	41
Do. Females	—	—	—	—	1	8	6	1	3	2	1	22
Non-pulmonary												
Males ...	2	5	4	—	1	2	1	2	—	1	—	18
Do. Females	4	6	4	1	1	2	4	—	—	—	1	23

The cases included in the above return are mainly those which are included in the death returns, and which have never been notified under the regulations. There is a slight increase in the total for 1925 compared with the previous year.

There was a considerable increase in the number of primary notifications received on Form A (Table 5) compared with the previous year. The total for the period under review is higher than that of any previous year since 1913-14, when notification first became compulsory, and is referred to separately for pulmonary and non-pulmonary tuberculosis, above.

I am of opinion that this increase in the number of primary notifications is mainly due to the special attention which has been given to the matter of notification by the Minister of Health, who, in December, 1924, issued a special circular dealing with the subject, and I think it is safe to presume that the standard of notification has been considerably improved.

The importance of prompt notification cannot be too often emphasised, as it ensures that the patients receive the necessary treatment and supervision during the early stage of the disease, and thereby considerably improve their chances of recovery.

Many medical officers of health have communicated with all medical practitioners in their area, drawing their special attention to the requirements of the Notification Regulations. Others communicate in all cases of failure, and the County Medical Officer also addresses a periodical letter to all doctors in the county, setting out, among other matters, the text of Article V. of the Regulations.

Particulars of new cases of tuberculosis, and of deaths from the disease, in Kent during 1925 :—

Age periods.	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0— 1.....	—	—	12	13	—	2	12	10
1— 5... ..	7	9	59	57	2	1	36	19
5—10.....	36	25	98	68	} 4	12	12	20
10—15.....	41	41	52	56				
15—20..	76	92	14	25	} 79	94	14	14
20—25.....	103	124	11	22				
25—35..	198	187	16	29	} 221	169	17	17
35—45..	189	108	19	13				
45—55.....	120	78	3	3	} 116	61	10	14
55—65.....	55	31	4	4				
65 and upwards	23	9	1	3	24	11	—	6
TOTALS ...	848	704	289	293	446	350	101	100

Table 7.—Cases of Tuberculosis remaining on the Registers of Notifications kept by Medical Officers of Health in the County, on December 31st, 1925.

	Total Cases.	PULMONARY.			NON-PULMONARY.		
		M	F	Total	M	F	Total
URBAN DISTRICTS.							
Ashford	177	76	63	139	22	16	38
Beckenham	178	71	59	130	29	19	48
Bexley	112	56	25	81	15	16	31
Broadstairs and St. Peter's	78	23	38	61	7	10	17
Bromley (Borough)...	254	91	70	161	38	55	93
Chatham (Borough)...	202	67	77	144	36	22	58
Cheriton	153	44	71	115	25	13	38
Chislehurst	42	22	11	33	3	6	9
Crayford	83	31	23	54	15	14	29
Dartford	162	86	56	142	5	15	20
Deal (Borough)	118	52	45	97	14	7	21
Dover (Borough).....	448	185	169	354	42	52	94
Erith.....	285	100	88	188	54	43	97
Faversham (Borough)	55	7	14	21	23	11	34
Folkestone (Borough)	539	188	180	368	84	87	171
Gillingham (Borough)	223	87	57	144	46	33	79
Gravesend (Borough)	132	57	44	101	19	12	31
Herne Bay	61	18	26	44	6	11	17
Hythe (Borough).....	117	49	54	103	4	10	14
Lydd (Borough)	17	5	11	16	1	—	1
Maidstone (Borough)	215	102	78	180	16	19	35
Margate (Borough) ...	250	85	75	160	49	41	90
Milton Regis (in- cluded under Sittingbourne)	—	—	—	—	—	—	—
New Romney (Borough)	8	4	4	8	—	—	—
Northfleet	44	26	8	34	5	5	10
Penge	152	61	48	109	23	20	43
Queenborough (Borough)	15	10	2	12	2	1	3
Ramsgate (Borough)	338	102	133	235	53	50	103
Rochester (City)	203	85	64	149	24	30	54
Sandgate	5	5	—	5	—	—	—
Sandwich (Borough)	15	6	4	10	2	3	5
Sevenoaks.....	65	13	20	33	15	17	32
Sheerness	120	53	43	96	17	7	24
Sidcup	22	7	8	15	5	2	7
Sittingbourne (in- cludes Milton Regis and Milton Rural)	292	126	111	237	31	24	55
Southborough	61	27	24	51	6	4	10
Tenterden (Borough)	5	2	—	2	2	1	3
Tonbridge.....	125	45	35	80	29	16	45
Tunbridge Wells (Borough)	152	62	54	116	12	24	36
Walmer.....	5	3	2	5	—	—	—
Whitstable	161	51	62	113	27	21	48
Wrotham	9	4	3	7	1	1	2
Total Urban...	5698	2194	1959	4153	807	738	1545

Continued.

Table 7 (continued).

RURAL DISTRICTS.	Total Cases.	PULMONARY.			NON-PULMONARY.		
		M	F	Total	M	F	Total
Ashford, East	183	86	64	150	14	19	33
Ashford, West	135	47	58	105	12	18	30
Blean	58	12	23	35	11	12	23
Bridge	97	51	31	82	7	8	15
Bromley	103	44	44	88	8	7	15
Cranbrook	84	38	24	62	10	12	22
Dartford	417	161	138	299	64	54	118
Dover	43	27	8	35	2	6	8
Eastry	103	47	38	85	11	7	18
Elham	140	61	51	112	19	9	28
Faversham	81	29	22	51	8	22	30
Hollingbourn	27	12	15	27	—	—	—
Hoo	11	4	3	7	4	—	4
Maidstone	86	34	37	71	9	6	15
Malling	188	69	79	148	21	19	40
Milton (included under Sittingbourne)	—	—	—	—	—	—	—
Romney Marsh	10	4	4	8	1	1	2
Sevenoaks	131	43	47	90	21	20	41
Sheppey	13	6	4	10	2	1	3
Strood	39	14	9	23	9	7	16
Tenterden	14	4	9	13	—	1	1
Thanet	77	24	23	47	12	18	30
Tonbridge	101	48	26	74	17	10	27
Total Rural...	2141	865	757	1622	262	257	519
Totals for County...	7839	3059	2716	5775	1069	995	2064

TREATMENT OF TUBERCULOSIS.

DOMICILIARY TREATMENT of persons insured under the National Health Insurance Acts is provided as part of Medical Benefit under those Acts. Home treatment of other persons (adults and children) is available through private practitioners, the parish doctors and voluntary institutions.

The services of the tuberculosis officers are available for the purpose of consultation in all cases receiving domiciliary treatment, and, at the request of the medical attendant, a certain number of patients are kept under the supervision of the tuberculosis officers.

A report on the prescribed form (G.P. 36) is required to be submitted by the medical attendant to the tuberculosis officer not less than once every three months in respect of each patient receiving domiciliary treatment as a part of medical benefit under the National Health Insurance Acts. In only a very few instances has any difficulty been experienced in obtaining these reports when due, and in the majority of cases they are of considerable assistance to the tuberculosis officer and ensure complete co-operation, which is to the patient's benefit.

TUBERCULOSIS DISPENSARY SERVICE.—There are twenty-two dispensaries in the county. Particulars as to the tuberculosis officer in charge, the address of the dispensary and the hours of attendance are given below. Information is also given as to the additional area allocated to each tuberculosis officer for visitation purposes :—

District No. 1.—Population, approx., 224,545.

(Tuberculosis Officer in Charge, WM. BEARE MARTIN, M.R.C.S. (Eng.),
L.R.C.P. (Lond.), D.P.H.).

<i>Address.</i>	<i>Day and Time of Opening.</i>	<i>Additional Area for Domiciliary Visitation.</i>
*DARTFORD ... 41, Overy Street ... (Tel. No. 378)	Monday, 1.30-3.30 p.m. Thursday, 5.30-6.30 p.m.	Dartford R., Bromley R. (except W. Wickham), Chislehurst, Crayford, Sidcup, Swanscombe and Bexley.
Bromley 2, Park Road	Wednesday, 1.30-3.30 p.m.	
Erith..... 19, Pier Road	Monday, 5.0-6.0 p.m. Thursday, 2.0-4.0 p.m.	

District No. 2.—Population, approx., 222,121.

(Tuberculosis Officer in Charge, CHARLES ROPER, B.A. (Camb.), M.D., B.C. D.P.H.)

*ROCHESTER ... 13, New Road (Tel. No. Chatham, 82)	Friday, 9.30-10.30 a.m. Tuesday, 2.0-3.0 p.m. and 5.0-6.0 p.m.	Northfleet, Strood R., Hoo R., Chatham, N.E. fringe of Mallings R., N.W. fringe of Holling- bourn R., and W. quarter of Milton R.
Gillingham ... 228, Nelson Road ...	Tuesday, 9.30-10.30 a.m. Friday, 2.0-3.0 p.m. and 4.0-5.0 p.m.	
Gravesend ... 22, Cobham Street ...	Wednesday, 1.0 p.m.-3.0 p.m.	

District No. 3.—Population, approx., 134,053.

(Tuberculosis Officer in Charge, HENRY LEATHAM GRABHAM, M.B., B.S. (Lond.),
M.R.C.S., L.R.C.P. (Lond.), D.P.H.).

*TONBRIDGE .. 53, Pembury Road ... (Tel. No. 228)	Monday, 1.30-3.30 p.m. Thursday, 5.15-6.0 p.m.	Sevenoaks R., Tonbridge R., Southborough U., Cranbrook R., and S. fringe of Mallings R.
Sevenoaks..... 4, Cramptons Road...	Tuesday, 1.30-3.30 p.m.	
Tunbridge Wells..... 34, Calverley Street	Monday, 5.0-5.45 p.m. Thursday, 1.30-3.0 p.m.	

District No. 4.—Population, approx., 158,797.

(Tuberculosis Officer in Charge, HERBERT BOWLY GIBBINS, M.D. (Lond.),
M.R.C.S., L.R.C.P. (Lond.), D.P.H.).

*MAIDSTONE .. 4, Station Road (Tel. No. 248)	Tuesday, 12.30-3.0 p.m. Friday, 12.30-3.0 p.m.	Wrotham, Mallings R. (except N.E. and S. fringes), Maidstone R., Milton R. (except W. quarter), Hollingbourn R. (except N.W. fringe), Milton Regis, Queen- borough, Sheppey.
Sheerness Granville Villa, Gran- ville Road	Thursday, 11.0 a.m.-1.0 p.m.	
Sittingbourne. 36, Albany Road.....	Monday, 12.0 noon-2.0 p.m.	

District No. 5.—Population, approx., 164,352.

(Tuberculosis Officer in Charge, THOMAS MASSEY PEARCE, M.D. (Lond.),
M.R.C.S., L.R.C.P. (Lond.), D.P.H., R.C.P.S.).

*FOLKESTONE. 80, Dover Road (Tel. No. 40)	Monday, 10.0 a.m.-12.0 noon and 2.30-6.0 p.m.	Bridge R., Eastry R., Elham R., Dover R., Sandwich, Walmer, Cheriton, Sandgate and Hythe, less area im- mediately south of, and adjacent to, the railway line between Ramsgate and Canter- bury.
Canterbury ... 11, Longport Street...	Friday, 10.0 a.m.-12.0 noon and 1.15 p.m.-2.30 p.m.	
Deal 16, Clanwilliam Road	Tuesday, 10.0 a.m.-12.0 noon	
Dover 9, Eastbrook Place ..	Thursday, 10.0 a.m.-12.0 noon and 1.30-3.30 p.m.	

District No. 6.—Population, approx., 148,498.

(Tuberculosis Officer in Charge, CAROL C. ALEX. DE VILLIERS, M.B., B.S. (Lond.),
M.R.C.S. (Eng.), L.R.C.P. (Lond.), B.A., B.Sc.).

*RAMSGATE ...	Charlotte Cottage, Market Place	Wednesday, 1.30 p.m.	Faversham R., Blean R., Whitstable, Thanet R., and Broadstairs U., and area immediately south of, and adjacent to, the railway line be- tween Ramsgate and Canterbury.
Faversham ...	2, Albion Terrace ...	Tuesday, 1.0 p.m.	
Herne Bay ...	16, High Street ...	1st and 3rd Thursday each month at 12.0 noon	
Margate	Eton House, St. Peter's Road	Friday, 2.0 p.m.	

District No. 7.—Population, approx., 62,500.

(Tuberculosis Officer in Charge, JOHN MATHEWSON CLEMENTS, M.D. (R.U.I.),
B.Ch., B.A.O., D.P.H. (Lond.).

Beckenham	Fire Station, Bromley	Tuesday, 2.0-5.0 p.m.	Penge, W. Wickham, Aner- ley and parts of Sydenham and Upper Norwood.
(Tel. No. Road Ravensbourne, 810)		Wednesday, 9.30 a.m.-1.30 p.m.	

District No. 8.—Population, approx., 53,345.

(Tuberculosis Officer in Charge, ROBERT HUGH ALEXANDER RITCHIE, M.B., B.Ch., B.A.O. (Belf.)
Succeeded by J. A. ROBSON, M.B., B.Ch., B.A.O. (Belf.), D.P.H.)

Ashford... ..	1, Barrow Hill Place,	Thursday, 10.0 a.m.-12.0 noon	Ashford E., Ashford W., Romney Marsh, Ten- terden B. and R., New Romney U. and Lydd B.
(Tel. No. 14 Lenham)			

* Tuberculosis Officer's Head Office.

The tuberculosis officers referred to above, with the exception of Dr. Clements and Dr. Ritchie, are whole-time officers. Dr. Clements is the medical officer of health for Beckenham and devotes part-time to the duties of tuberculosis officer for that area and for Penge, etc. Dr. Ritchie is the assistant medical officer at the County Sanatorium at Lenham and devotes approximately one day per week as tuberculosis officer for the Ashford area.

Each of the six whole-time tuberculosis officers has the services of a whole-time clerk.

The health visitor for the area devotes part-time to attendance at the dispensary and the visitation of patients at their homes. There are thirty-five such nurses, and their duties also include health visiting and school nursing. The aggregate number of days per week devoted to tuberculosis work is equivalent to the time of 8.32 whole-time nurses.

Local nurses attend at the Beckenham, Bromley and Sevenoaks dispensaries.

The map facing page 184 shows the areas of the tuberculosis officers and of the whole-time nurses, and the situation of the tuberculosis dispensaries.

In fourteen of the dispensaries there is a resident caretaker and in the remainder a visiting cleaner.

Medicines are supplied to dispensaries from the county dispensing station, and particulars are given on page 86.

TREATMENT AT DISPENSARIES.—Treatment at the dispensaries, as distinct from diagnosis, consultation and general supervision, is generally limited to patients whose continued treatment requires special knowledge and technical skill and to those unable otherwise to obtain adequate medical attendance. Patients who require treatment which can, consistently with their best interests, be properly undertaken by a general practitioner of ordinary professional competence and skill, and who are either insured persons or who can afford to pay for medical attendance, are not accepted for routine treatment at the dispensaries.

COUNTY TUBERCULOSIS SCHEME.

The administration of the county tuberculosis scheme was carried on satisfactorily during the year under review.

1505 new cases were registered for treatment during the year, 702 of these (489 male and 213 female) were insured under the National Health Insurance Acts. Of the remainder, 99 were men, 264 women and 440 children.

Of the 1,103 cases of *phthisis* registered during the year 556 were classified as coming within the early or first stage of the disease, 436 within the intermediate or second stage, and 111 within the advanced or third stage of the disease. These figures shew some improvement on the previous year when the numbers were 482, 460 and 158 respectively. A number of the cases registered during the year as new cases under the Kent Scheme, have previously received treatment from another authority, and this explains to some extent the large number of advanced cases.

Only 14 % of the cases registered during the year applied for treatment within three months of the onset of their illness, 29 % within six months and 47 % within twelve months. In as many as 34 % of the cases the period between the first symptoms of tuberculosis and the date of application for treatment under the County Scheme was between one year and five years, whilst even this period appeared to be exceeded in about 19 % of the cases. These figures also are affected to some extent by the transfer of patients into the county who, for statistical purposes are regarded as "new" cases, although they may have been receiving treatment from other authorities for some years.

Special efforts are being made to ensure that the attention of all persons notified under the regulations as suffering from tuberculosis, is directed to the facilities available under the County Scheme, and the closest co-operation is being maintained with the various public health services and with private practitioners.

The following tabular statements show various details relating to occupation, age and sex classification of patients, diagnosis, work of dispensaries, institutional treatment, etc., and this information has been drawn up largely in accordance with the model tables suggested by the Ministry of Health in Mem. 37/T.

Table 8.—Shewing Occupations of Patients who were notified for the first time under the Public Health (Tuberculosis) Regulations, during 1925.

Occupations.	Insured.		Uninsured.		Totals.	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
MALES.						
Agents, including Travellers, Collectors, &c.	12	2	10	—	22	2
Attendants of all kinds	4	—	1	—	5	—
Building Trades, including Painters, Decorators, Carpenters, Joiners, Plumbers, &c. ...	24	5	1	—	25	5
Carmen, including Chauffeurs, Motor Men, Carriage Drivers, Engine Drivers, &c.	23	1	3	—	26	1
Clerks, including Secretaries, Valuers, Reporters, &c.	35	1	8	1	43	2
Domestic Servants, including Butlers, Coachmen, Gardeners, Stewards, Caretakers, Footmen, &c.	20	3	2	3	22	6
Engineers, including Instrument Makers, Toolmakers, &c.	22	4	3	—	25	4
Factory and Mill Workers, including Papermakers, Leathermakers, &c.	10	1	—	—	10	1
Labourers of all kinds, both skilled and unskilled	158	11	7	—	165	11
Mechanics, including Boilermakers, Engine-makers, Brass Finishers, &c. ...	27	2	—	—	27	2
Miners	7	—	—	—	7	—
Musicians, including Pianoforte Tuners, &c.	2	—	3	1	5	1
Postmen, Policemen, Firemen, &c.	1	2	6	—	7	2
Printers, including Compositors, &c.	8	2	—	—	8	2
Railway Workers, including Carriage Cleaners, Repairers, Platelayers, &c.	11	1	—	—	11	1
School Children and Children under school age	—	—	82	208	82	208
Shipwrights, including Ship Fitters, Ship Riggers, Cableworkers, &c. ...	4	—	1	1	5	1
Shopkeepers and Shop Assistants	31	3	25	—	56	3
*Soldiers and Sailors, including Ex-soldiers and Ex-sailors ..	103	7	7	—	110	7
Stokers ..	4	2	—	—	4	2
Tailors and Allied Tradesmen	4	—	4	1	8	1
Teachers	1	—	6	—	7	—
Tradesmen, including Butchers, Bakers, Dairy-men, Grocers, &c.	16	—	9	1	25	1
Watermen, including Bargemen, Lightermen, Seamen &c.	13	—	1	—	14	—
Unknown, various or of no occupation	32	7	70	5	102	12
Total Males	572	54	249	221	821	275
FEMALES.						
Clerks ..	32	5	1	1	33	6
Domestics, including Housewives, Cooks, Nurses, &c.	118	20	319	39	437	59
Factory Workers	22	—	—	—	22	—
Laundresses	13	—	—	—	13	—
Printing Trades ..	4	1	1	—	5	1
School Children and Children under school age	—	—	69	172	69	172
School Teachers	2	—	6	2	8	2
Shop Assistants	34	3	2	2	36	5
Tailoresses, including Dressmakers	12	5	1	2	13	7
Unknown, various, or of no occupation	6	3	54	21	60	24
Total Females	243	37	453	239	696	276

* In whose cases tuberculosis was considered to be attributable to War Service.

TABLE 9.—Showing the Age Classification of Patients who were notified under the Public Health (Tuberculosis) Regulations during 1925.

Age.	Insured		Uninsured.		Total.	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
Under 5	—	—	18	129	18	129
5-15	—	—	145	262	145	262
15-25	282	44	96	26	378	70
25-35	227	23	153	19	380	42
35-45	153	19	134	13	287	32
45-55	100	2	98	4	198	6
55-65	41	2	41	5	82	7
65 and over	12	1	17	2	29	3
Totals ...	815	91	702	460	1517	551

TABLE 10.—Shewing the work of the Dispensaries during the year 1925.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A. NEW CASES examined during the year (excluding Contacts) :—												
(a) Definitely tuberculous	468	376	44	36	44	41	113	80	512	417	157	116
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	50	48	89	71
(c) Non-tuberculous	—	—	—	—	—	—	—	—	298	325	426	381
B. CONTACTS examined during the year :—												
(a) Definitely tuberculous	96	105	26	27	2	14	54	62	98	119	80	89
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	14	36	53	43
(c) Non-tuberculous	—	—	—	—	—	—	—	—	81	167	321	287
C. Cases written off the Dispensary Register as												
(a) Cured	104	73	53	45	28	18	79	53	132	91	132	98
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error).....	—	—	—	—	—	—	—	—	396	518	765	683
D. Number of persons on Dispensary Register on December 31st :—												
(a) Diagnosis completed...	2116	1462	423	379	203	229	548	440	2319	1691	971	819
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	65	80	151	120

1. Number of persons on Dispensary Register on January 1st	5559	10. Number of consultations with medical practitioners :—	
2. Number of patients transferred from other areas and of “lost sight of” cases returned	111	(a) At homes of applicants	367
3. Number of patients transferred to other areas and cases “lost sight of”	364	(b) Otherwise	1033
4. Died during the year	553	11. Number of other visits by tuberculosis officers to homes ..	846
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months ..	366	12. Number of visits by nurses or health visitors to homes for Dispensary purposes	8968
6. Number of attendances at the Dispensary (including Contacts)	27186	13. Number of	
7. Number of attendances of non-pulmonary cases at Orthopædic Out-stations for treatment or supervision ..	406	(a) Specimens of sputum, &c., examined	3532
8. Number of attendances at General Hospitals or other institutions approved for the purpose of patients for	4485	(b) X-ray examinations made in connection with Dispensary work ..	55
(a) “Light” treatment	31	14. Number of insured persons on Dispensary Register on the 31st December...	2677
(b) “Other special forms of treatment” ..		15. Number of insured persons under Domiciliary treatment on the 31st December	1151
9. Number of patients to whom Dental Treatment was given at or in connection with the Dispensary	103	16. Number of reports received during the year in respect of insured persons :—	
		(a) Form G.P. 17	135
		(b) Form G.P. 36	2429

Corresponds with T 53 received.

TABLE 11.—PULMONARY AND NON-PULMONARY.—Annual Return showing in summary form the condition of all Patients whose case records were in the possession of the Dispensaries at the end of 1925, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the return relates.	PULMONARY.					NON-PULMONARY.				
	Class T.B. Minus.	Group 1.	Group 2.	Group 3.	Total T.B. Plus.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.
Discharged as cured { Adults M. " F. Children M. " F.	770	84	31	—	115	70	10	24	49	153
	606	49	27	1	77	52	16	21	78	167
	320	6	—	—	6	62	34	29	476	601
	246	—	1	—	1	74	20	12	431	537
Disease arrested { Adults M. " F. Children M. " F.	523	54	42	3	99	27	6	9	13	55
	446	24	11	—	35	19	12	5	18	54
	175	—	—	—	—	34	24	9	115	182
	144	—	—	—	—	24	24	4	103	155
Disease not arrested { Adults M. " F. Children M. " F.	901	255	510	98	863	116	6	27	27	176
	812	91	233	63	387	89	22	33	46	190
	292	3	4	—	7	103	82	25	239	449
	273	3	4	2	9	93	75	14	183	365
Dead { Adults M. " F. Children M. " F.	1313	137	577	1099	1813	53	10	21	7	91
	831	68	287	620	975	19	12	10	8	49
	56	3	1	7	11	17	25	22	13	77
	71	2	9	17	28	18	19	13	9	59
Transferred to Pulmonary ...	—	—	—	—	—	2	—	—	4	6
Lost sight of or otherwise removed from Dispensary Register ...	1351	125	200	81	406	137	59	32	243	471
Totals ...	9130	904	1937	1991	4832	1009	456	310	2062	3837

TABLE 12.—RESIDENTIAL INSTITUTIONS. (A) Average number of beds available for patients during the year 1925 :—

	Observation.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total
		“Sanatorium” Beds	“Hospital” Beds.	Disease of Bones&Joints	Other conditions.	
Adult Males...	—	100	80	17	3	200
„ Females	—	80	45	13	7	145
Children under 15	—	25	5	66	24	120
Totals ..	—	205	130	96	34	465

(B) Annual Return shewing the extent of residential treatment during the year 1925 :—

		In Institutions on Jan. 1st.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31st.
Number of Patients	Adults M.	170	450	378	41	201
	„ F.	107	303	240	27	143
	Children M.	46	89	68	—	67
	„ F.	44	72	58	4	54
Number of Observation Cases.	Adults M.	—	3	3	—	—
	„ F.	2	4	6	—	—
	Children M.	—	—	—	—	—
	„ F.	—	1	1	—	—
Totals		369	922	754	72	465

Corresponds with T 54 Revised.

TABLE 13 —Shewing numbers of patients who were treated at various Institutions during 1925.

TABLE 13.—Showing numbers of patients who were treated at various institutions.																									
INSTITUTION.	Receiving Treat- ment Jan. 1st.				Admitted during the year.				Discharged during the year.				Died in the Institution.				Receiving treat- ment Dec. 31st.				Patients who re- ceived Institutional Treatment during the year.				
	Male.	Female	Boys	Girls	Male	Female	Boys	Girls	Male	Female	Boys	Girls	Male	Female	Boys	Girls	Male	Female	Boys	Girls	Male	Female	Boys	Girls	
Sanatoria.																									
County Sanatorium, Lenham (165)	66	44	2	4	169	140	6	6	149	118	6	7	6	2	...	...	80	64	2	3	235	184	8	10
Croydon Boro' Sanatorium, Cheam (5) ..	5	...	...	...	12	...	...	...	11	...	...	...	1	...	...	...	5	...	...	...	17	...	...	...
Fairlight Sanatorium, Hastings	2	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	3	...	...	...
Fringley Sanatorium, Surrey	5	...	1	...	11	3	...	...	13	1	1	...	...	...	...	...	3	2	...	...	16	3	1	...
Grosvenor Sanatorium, nr. Ashford (40) ..	26	18	...	...	68	39	1	...	67	37	1	...	2	1	...	...	25	19	...	...	94	57	1	...
Holy Cross Sanatorium, Haslemere .....	...	...	...	1	...	1	...	4	...	...	...	2	...	...	...	...	...	1	...	3	...	1	...	5
King George's Sanatorium, Bramshott ..	4	...	...	...	4	...	...	...	4	...	...	...	1	...	...	...	3	...	...	...	8	...	1	...
Limes Sanatorium, Staffs. ....	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Maltings Farm Sanatorium, Nayland .....	...	...	2	1	...	3	...	2	...	2	...	...	...	...	1	...	1	1	2	2	...	3	2	3
National Sanatorium, Benenden	1	...	...	...	6	...	...	...	6	...	...	...	...	...	...	...	1	...	...	...	7	...	...	...
National Sanatorium, Bournemouth .....	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Pinewood Sanatorium .....	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...
The English Sanatorium, Davos Platz, Switzerland	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hospitals.																									
Brompton Hospital, S.W.	6	1	...	...	22	6	...	...	20	6	...	...	1	...	...	...	7	1	...	...	28	7	...	...
Eversfield Chest Hospital, St. Leonards ..	5	...	...	...	10	1	...	...	10	1	...	...	1	...	...	...	4	...	...	...	15	1	...	...
Isolation Hospital, Dover .....	...	...	...	...	26	1	2	...	13	1	2	...	4	...	...	...	9	...	...	...	26	1	2	...
†Keycol Hill Sanatorium, nr. Sitting- bourne (40)	20	18	...	2	47	50	...	...	28	32	...	2	19	16	...	...	20	20	...	...	67	68	...	2
Mt. Vernon Hospital, Northwood .....	...	...	...	...	2	1	...	...	1	...	...	...	...	...	...	...	1	1	...	...	2	1	...	...
Oak Lane Hospital, Sevenoaks (12) .....	...	8	...	...	...	26	...	2	...	20	...	...	...	3	...	1	...	11	...	1	...	34	...	2
Seamen's Hospital, Greenwich .....	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...	...	1	...	...
*St. Anthony's Hospital, Cheam .....	...	...	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	1	1	...	...	1	3	...
†St. Luke's Hospital, Bayswater .....	...	2	...	...	1	1	...	...	...	...	...	...	1	3	...	...	...	...	...	...	7	1	...	...
University College Hospital, W.C.	1	...	...	...	6	1	...	...	6	1	...	...	1	...	...	...	...	...	...	...	1	2	...	...
City of London Hospital, E. ....	...	...	...	...	1	2	...	...	1	...	...	...	1	...	...	...	...	1	...	...	1	2	...	...
Institutions for Children.																									
*Alexandra Hospital, Swanley (3) .....	...	...	3	1	...	...	3	...	...	...	1	...	...	...	...	...	...	...	5	1	...	...	6	1
*Bruce Porter Home, Folkestone (6) .....	...	...	5	2	...	...	1	4	...	...	4	...	...	...	...	1	...	...	2	5	...	...	6	6
*Children's Hip Hospital, Sevenoaks (10) ..	...	...	5	7	...	...	3	3	...	...	2	3	...	...	...	...	...	6	7	...	...	8	10	
*Church Army Sanatorium, Farnham .....	...	...	1	...	...	...	14	...	...	...	9	...	...	...	...	...	...	6	...	...	...	15	...	
*Clevedon Convalescent Home, Broad- stairs	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
*Great Ormond Street Hospital, London ..	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	4	2	...	...	5	3
*Heatherwood Hospital, Ascot .....	...	...	4	1	...	...	1	2	...	...	1	1	...	...	...	...	...	...	2	...	...	3	...	...
*Lord Mayor Treloar's Cripples' Hospital, Alton	...	...	2	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...
*National Orthopedic Hospital, London ..	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	...	...	...	1	...	...	1	1	...
Oak Bank Open-air School, near Seven- oaks	...	...	...	6	...	...	5	11	...	...	1	11	...	...	...	...	...	4	6	...	...	5	17	...
*Princess Mary's Children's Hospital, Margate	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...
*Victoria Home, Margate (5) .....	...	...	5	1	...	...	4	4	...	...	3	3	...	...	...	...	...	...	6	2	...	...	9	5
*Whittuck Convalescent Home, Broad- stairs	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...
Institutions for Treatment of Non- Pulmonary Tuberculosis.																									
Beckenham Cottage Hospital .....	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
County Convalescent Home, Cran- brook (26)	5	5	9	7	2	3	17	14	4	5	15	13	...	...	...	...	3	3	11	8	7	8	26	21
Gravesend General Hospital .....	...	...	2	...	2	2	2	...	1	...	4	...	...	1	...	...	1	1	...	...	2	2	4	...
Kent & Canterbury Hospital .....	...	...	1	...	...	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	...	...
Middlesex Hospital .....	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Royal Northern Hospital, N. ....	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Royal Sea Bathing Hospital, Margate (40) ..	15	12	1	8	15	18	15	11	13	15	4	6	...	1	...	1	17	14	12	12	30	30	16	19	
Royal Victoria Hospital, Dover .....	...	...	...	...	...	...	2	2	...	...	1	2	...	...	...	...	...	1	1	...	...	2	2	...
Folkestone	1	...	1	2	...	1	4	3	1	...	4	3	...	...	...	...	...	1	1	...	...	1	5	5
St. Andrew's Hospital, N.W. ....	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1
St. George's Hospital, London .....	...	1	...	...	...	...	...	1	...	1	...	1	1	...	...	...	...	...	...	...	2	...	...	...
St. Bartholomew's Hospital, London	1	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	4	1	4	2
Rochester	...	...	...	...	4	1	4	2	4	1	4	2	...	...	...	...	...	...	...	...	...	1	...	...
South London Hospital .....	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Training Colonies.																									
Papworth Hall, Cambridge	4	...	...	...	6	...	...	...	3	...	...	...	...	...	...	...	7	...	...	...	10	...	...	...
Preston Hall, Aylesford	3	...	...	...	33	...	...	...	20	...	...	...	2	...	...	...	14	...	...	...	36	...	...	...
TOTALS																									
	170	109	46	44	453	307	89	73	381	246	68	59	41	27	...	4	201	143	67	54	623	416	135	117	
Canterbury City Cases under treatment at Lenham (County) Sanatorium	6	1	...	1	8	7	1	...	11	5	...	1	...	...	...	...	3	3	1	...	14	8	1	1

The figures in brackets against the names of certain institutions, show the numbers of beds normally available for Kent patients by arrangement.

† Advanced Cases.

* Non-Pulmonary Cases.

TABLE 14 — Annual Return shewing the immediate results of treatment of patients discharged from Residential Institutions during the year 1925.

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment.												Total.	
			Under 3 months.			3-6 months.			6-12 months.			More than 12 months.				
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
Pulmonary Tuberculosis.		Class T. B. Minus.*	Quiescent or arrested	14	9	3	8	14	7	4	4	5	68 150 27 9
			Improved	23	24	6	24	20	9	15	17	7	2	...	3	
			No material improvement	3	5	5	5	6	...	1	2	...	...	...
			Died in Institution	2	2	2	...	1	...	1	1	...	...	...
		Class T.B. plus * Group 1.	Quiescent or arrested	4	6	10 65 9 5
			Improved	10	2	...	17	5	...	19	10	2	...	...
			No material improvement	1	1	1	2	...	1	3	...	...	...	...
			Died in Institution	2	1	...	2	...	...	...	...	...	...	...
		Class T.B. plus * Group 2.	Quiescent or arrested	1	3	1	5 147 64 22
			Improved	18	14	...	46	17	1	31	16	1	1	2	...	
			No material improvement	26	6	...	8	4	...	12	5	...	3	...	...
			Died in Institution	6	4	...	3	4	...	2	1	1	1	...	...
		Class T.B. plus * Group 3.	Quiescent or arrested 25 45 32
			Improved	1	4	...	6	4	...	4	4	1	1	...	...
			No material improvement	9	7	...	4	6	...	9	6	...	3	...	1	
			Died in Institution	12	4	...	6	4	...	3	1	...	...	2	...
Non-Pulmonary Tuberculosis.		Bones and Joints.	Quiescent or arrested	1	1	1	...	1	1	4	9 45 13 4
			Improved	2	4	4	4	1	7	2	3	4	3	4	7	
			No material improvement	2	...	4	1	...	...	1	...	...	2	1	2
			Died in Institution	1	1	...	...	...	...	...	1	...	...	...	1
		Abdominal.	Quiescent or arrested	1	1	...	1	...	3 16 1 ...
			Improved	1	2	...	1	1	4	...	1	2	1	1	2	
			No material improvement .....	...	...	1	...	...	...	...	...	...	...	...	...
			Died in Institution .....	...	...	...	...	...	...	...	...	...	...	...	...
		Other Organs.	Quiescent or arrested 7 1 ...
			Improved .....	...	...	3	1	1	...	...	1	1	...	...	...
			No material improvement .....	...	...	1	...	...	...	...	...	...	...	...	...
			Died in Institution .....	...	...	...	...	...	...	...	...	...	...	...	...
		Periphereal Glands.	Quiescent or arrested	1	1	2 31 1 ...
			Improved	3	1	10	1	2	5	1	...	5	1	...	2	
			No material improvement	1	...	...	...	...	...	...	...	...	...	...	...
			Died in Institution .....	...	...	...	...	...	...	...	...	...	...	...	...
Observation for purpose of diagnosis.			Under 1 week.	1-2 weeks.			2-4 weeks.			More than 4 weeks.						
		Tuberculous .....	...	...	...	1	...	...	...	...	...	2	...	2	
		Non-tuberculous .....	...	...	...	...	...	...	1	...	...	1	4	7	
		Doubtful .....	...	...	...	...	...	...	1	...	...	...	...	1	
Totals			138	91	41	147	90	36	117	74	31	20	18	23	826	

* Class T. B. minus—Cases in which tubercle bacilli have never been demonstrated.

* Class T. B. plus—Cases in which tubercle bacilli have been found. (Group 1.) Cases with slight constitutional disturbance, if any: (Group 3.) Cases with profound systemic, disturbance or constitutional deterioration, with marked impairment of function and with little or no prospect of permanent improvement: (Group 2) Other cases.

Corresponds with T 55 received.

TREATMENT OF TUBERCULOSIS.

STATISTICAL SURVEY, 1921-25.

TABLE 15.

	1921	1922	1923	1924	1925
No. of cases notified—Pulmonary	1438	1518	1668	1520	1549
Non-Pulmonary	358	395	489	504	622
No. of deaths—Pulmonary	876	812	835	846	796
Non-Pulmonary	235	221	187	208	201
New cases registered under County Tuberculosis Scheme	1865	1471	1715	1449	1505
No. of cases diagnosed at the County Council Tuberculosis Dispensaries	3509	3442	3951	3941	4278
Found to be suffering from Pulmonary Tuberculosis ...	1286	1339	1321	1164	1178
Non-Pulmonary ,, ...	378	340	401	378	410
Doubtful Cases.....	—	—	—	—	404
Found to be not suffering from Tuberculosis	1845	1763	2229	2399	2286
No. of attendances at dispensaries ...	36236	26064	30213	28443	27186
No. of patients admitted to institutions ..	716	756	697	718	922
,, receiving X-Ray and Finsen light treatment	—	—	34	46	47
,, ,, Dental treatment	97	52	49	71	103
,, ,, Surgical appliances	52	62	45	53	62
,, ,, Loan of open-air shelters	131	127	129	136	141
No. of orders issued for ancillary nourishment	690	947	797	889	888
No. of consultations by tuberculosis officers with medical practitioners	395	483	894	595	1400
No. of visits by tuberculosis officers to homes of patients	635	707	724	726	846
No. of visits by nurses to patients..	6347	7339	8437	8415	8968
No. of X-ray examinations ..	31	29	30	43	55

TREATMENT IN INSTITUTIONS.—The table facing page 62 gives a list of residential institutions and shews the numbers of Kent patients admitted to, and discharged from, those institutions during the year. The number of beds

normally available for Kent patients is shewn in brackets against the names of the various institutions. In cases where no such figure is given, accommodation is only obtained as required. Every effort is made to ensure that the accommodation in the county sanatorium at Lenham (*vide* p. 87) shall be reserved chiefly for patients suffering from the disease (phthisis) in its early stages. The table is set out under headings which show the type of case for which the beds are used.

There has been a considerable increase in the accommodation available in residential institutions under the county scheme since 1921, when the approximate number of beds in use was 348. Since that time there has been an increase of forty beds at the County Sanatorium, an agreement with the Dover Corporation for nine beds at the local isolation hospital, and with the Sevenoaks Urban District Council for twelve beds at their isolation hospital. During 1924 the County Council purchased the Passmore Edwards Convalescent Home at Cranbrook, with twenty-six beds. These are mostly occupied by children, but a few adults, men and women, are admitted.

The majority of the advanced cases are accommodated at the Keycol Hill Hospital where the County Council have recently extended their agreement to cover 60 beds. Other accommodation is available as shewn in the table.

It will be seen that 1,315 patients received residential treatment during the year, including forty-six ex-service men, who were admitted to special institutions for treatment combined with training, 105 children admitted to special institutions for children, 274 patients admitted to various hospitals, 686 to sanatoria, and 204 to surgical institutions.

The average duration of treatment of patients suffering from pulmonary tuberculosis was 144 days for males and 162 days for females. In cases of non-pulmonary tuberculosis, the figures were 272 days for males and 300 days for females. These figures include those patients who left institutions before completion of treatment, and against medical advice, on account of domestic or financial troubles, and also those discharged, after a short stay, for disciplinary reasons, or as being unsuitable for treatment. Compared with 1924, these figures shew an increase in duration of treatment, except in the case of male patients suffering from pulmonary tuberculosis. Only in those cases which show definite evidence of response to treatment is treatment extended beyond the usual "educational period," apart from those cases where treatment must be continued from a "public health" point of view.

There has been great pressure during the year on the accommodation for cases of non-pulmonary tuberculosis. Although a large number of the beds allowed to be occupied under the county scheme has been reserved for this class of patient, there is still a considerable waiting list.

At the end of 1925 the state of the waiting list was as follows:—

For Sanatoria.....	Men 11	women 17	children 6	total	34
For Hospitals.....	„ 28	„ 5	„ 1	„	34
For Surgical Institutions...	„ 5	„ 7	„ 14	„	26
Cases in abeyance for various reasons					10
Institutional admission in hand					39
Total number on waiting list					143

Of the general hospitals in Kent, only the following have applied to, and been approved by, the Ministry of Health for the treatment of cases of non-pulmonary tuberculosis:—Gravesend, Canterbury, Dover, Folkestone, Maidstone, Tunbridge Wells and St. Bartholomew's Hospital, Rochester. Particulars of any tuberculous patients from the county area who present themselves direct at these hospitals, are submitted to the nearest tuberculosis officer so that the patient may be dealt with under the county scheme.

The large majority of patients suffering from tuberculosis of bones and joints, as well as other cases of surgical tuberculosis, are admitted for treatment at the Royal Sea Bathing Hospital, Margate. Other institutions used for this purpose will be seen from table 13.

Reference is made on page 130 to the County Orthopædic scheme. So far as tuberculosis is concerned, forty-eight beds will be reserved under these arrangements at the Alexandra Hospital, Swanley, for children suffering from tuberculosis of the bones and joints. Patients will be seen at the orthopædic clinics by the visiting surgeon of the Alexandra Hospital, who will decide as to the necessity or otherwise of institutional treatment.

VOCATIONAL TRAINING OF EX-SERVICE MEN.—The special arrangements made by the Ministry of Pensions for the vocational training of ex-service men terminated on April 30th, 1925. Four men were transferred to Lenham Training Section during the early part of the year to complete their training owing to the closing of other institutions. The Training Section at the County Sanatorium has been taken over by the County Council from H.M. Office of Works, and is now used to supplement the accommodation for ordinary sanatorium cases. The consequent re-arrangement has enabled an additional fifteen male and twenty-five female patients to be received at the Sanatorium.

During the period the Training Section was in operation (two years and eight months) one hundred and seventeen trainees were admitted. Sixty received training in furniture repairing and fifty-seven in house repairs. Fifty-eight men completed a full twelve months' course of training at Lenham.

The following is an extract from a communication received from the Ministry of Health in connection with the closure of the Training Section:—

“I am at the same time to express the Ministry's appreciation of the efficient and economical administration of the Training Section by the County Council.”

CO-OPERATION WITH SANITARY AUTHORITIES AND THEIR OFFICERS.

There is very satisfactory co-operation with the medical officers of health, and the tuberculosis officers have frequent informal conferences with these officers. Assistance is received in tracing patients lost sight of or removed, and there is on all points full exchange of information. This has led to the discovery, notification, treatment and proper classification of cases which otherwise would have been missed. Overlapping of visitation by the county and local health visitors has been looked into and reduced to the compatible minimum.

The medical officers of health and their staffs are often of assistance in securing the attendance of contacts for examinations, and also in bringing to notice circumstances, previously unknown, rendering institutional treatment or ancillary nourishment desirable. Notices of death or removal are sent to the medical officers of health in order that disinfection of premises may be carried out as soon as possible.

The forwarding of the quarterly statement of notifications by each medical officer of health to the tuberculosis officer in accordance with the requirements of the Public Health (Tuberculosis) Regulations, 1924, was an important administrative change, and this has been followed by tuberculosis officers having been asked to assist medical officers of health in periodical revisions of the registers. This has brought the medical officer of health and the tuberculosis officer into close touch, and is proving of great mutual advantage. The pooling of the information of both officers makes the combined information of each official much more complete.

On receipt of the weekly particulars of cases notified to the local medical officers of health, the tuberculosis officer sends a formal notice to all general practitioners or hospitals concerned with the notifications, enquiring whether the assistance of the tuberculosis scheme is desired. This is proving most useful, and the informing of the tuberculosis officer as to all notified cases in his area is thus not only increasing co-operation between tuberculosis officers and medical officers of health, but also between tuberculosis officers and general practitioners and hospitals.

In Beckenham the dispensary tuberculosis officer is medical officer of health and school medical officer for Beckenham, so that there is a definite connecting link between the work of the dispensary and the work of the district council so far as the latter is concerned with cases of tuberculosis.

Sanitary authorities also co-operate by disinfecting shelters before transfer from one patient to another.

CO-OPERATION WITH GENERAL AND SPECIAL HOSPITALS, SCHOOL CLINICS AND OTHER INSTITUTIONS.

There is effective co-operation between the tuberculosis officers and the house surgeons of the majority of the special and general hospitals in the county. Generally speaking the tuberculosis officers receive great courtesy and consideration from the staffs, both clinical and administrative, of the hospitals.

The authorities are usually willing to give any special treatment to dispensary cases that is required, and the tuberculosis officers are often asked to examine patients at the hospital. Frequent and informal interviews with the house surgeons of the hospitals, leads to more efficient co-operation than can be carried out in formal letters. As regards school clinics, there are frequent interviews with the school medical officers, and also, if necessary, with school attendance officers and head teachers, about children, and a large number of children attending the dispensaries are referred to the clinics and *vice versa*.

The principle advantage of the appointment of the county health visitors as tuberculosis nurses, is that at the routine interviews the tuberculosis officers are able to receive information about any school child who attends a dispensary. The same remarks also apply to children under school age, who attend the county infant welfare centres.

One tuberculosis officer reports that of his 761 new patients seen in 1925, 140 were sent by school medical officers for a further opinion as to whether tuberculosis was to be diagnosed or not.

In Tunbridge Wells there is a small open-air school, run by voluntary workers, for delicate and tuberculous children, and at times the tuberculosis officer recommends children to attend there when they are not fit to attend an ordinary school.

There is also effective co-operation with the various organisations dealing with the ex-service man.

The great majority of the Boards of Guardians in the county have appointed the district tuberculosis officer as honorary consultant on the staff of the Poor Law Institution.

SPECIAL ARRANGEMENTS TO SECURE CO-OPERATION OF MEDICAL PRACTITIONERS
AND CO-ORDINATION OF WORK OF TUBERCULOSIS OFFICERS AND INSURANCE
PRACTITIONERS (MEMO. 286).

The procedure outlined in paragraphs 7-12 of National Health Insurance Memorandum 286 issued by the Ministry of Health in December, 1923, is closely followed and is working satisfactorily.

The following are a few extracts from the reports of the tuberculosis officers, as shewing the extent of the co-operation with medical practitioners:—

A. “Evidence has not been wanting that general practitioners are becoming much more alive to the functions of the tuberculosis officer and the tuberculosis dispensaries. It has been noticed that general practitioners who had the habit of referring their doubtful cases to the London special and general hospitals, now send them to the local tuberculosis dispensaries. Consultations with practitioners take place in the dispensaries, or, in the case of patients too ill to attend, in their homes, and also by letter and telephone. The figures for each of these methods show very definite increase during the past year.

The return of quarterly reports by general practitioners is becoming more satisfactory, but still leaves room for improvement; tactful reminders are sent out when necessary from time to time, which usually bring out the information that the patient has not been attending his panel doctor. Patients sometimes find it difficult of comprehension why some should receive treatment at the dispensaries and not others, and occasionally show a desire to air their views on this administrative point.”

B. “My relations with medical practitioners throughout the area, I am glad to say, are cordial and satisfactory. I have learned by experience that the average general practitioner is a busy man, who has no time for official letter writing, and prefers to send his patients to the dispensary for examination, or asks the tuberculosis officer to visit them at any time which suits him, rather than to make a definite appointment for consultation. These facts account for the small number of consultations in the figures given elsewhere in the report. I know personally the majority of practitioners in the area, and often meet them when we have informal discussions about their patients, the latest forms of treatment, etc. I have found practitioners in outlying districts prefer a conversation on the telephone to a lot of letter writing, and one is certainly able to gain much information about a patient in this way.

"The treatment of insured patients is being satisfactorily carried out through the area. I do not remember receiving a complaint from a patient for a number of years that his panel doctor is not looking after him satisfactorily. Years ago panel patients were not referred to the dispensary by their panel doctors in a few cases, as in the early days there were some insurance practitioners who looked on the dispensaries with suspicion and considered they themselves were capable of looking after their patients, but they soon recognised that there were some things they could not do for their patients, such as providing sanatorium treatment, ancillary nourishment, dental treatment, surgical appliances, etc., and this dislike of the tuberculosis dispensaries and their work died out many years ago, according to my observations.

"The quarterly reports of domiciliary treatment are satisfactorily completed and returned to the tuberculosis officer, though there are still one or two instances in which the reports are not returned either at all or only after numerous applications."

C. "The relationships between the general practitioners and the tuberculosis officer are, I believe, satisfactory in this area. During 1925, 761 new cases were registered, 352 of these patients were referred to me by general practitioners, and I sent 591 letters to doctors about patients. Every effort is made to keep the general practitioners fully informed as to visits paid to their patients, all alterations of treatment initiated, and suggestions made. In my area 342 cases of tuberculosis were notified during the year; of these I notified 223. The remaining 119 were notified by general practitioners or hospitals. I find that many doctors in this area feel that referring a case to the tuberculosis officer is tantamount to notification, and find it difficult to realise that it is also legally necessary to notify the medical officer of health for the district in which the patient lives, so I notify all cases about whom I make a diagnosis that tuberculosis is present, unless I know that notification has already been carried out. General practitioners feel that it should not be necessary to notify the medical officer of health as well as refer to the tuberculosis officer, and the temporary resident staff of the hospitals find the distinction between the functions of the medical officers of health and the tuberculosis officer difficult to grasp. Of the 352 patients sent to me, by general practitioners, 181 were consultations."

D. "The co-operation with the medical practitioners is very active, and their active interest in the work of the dispensary seems to be still increasing. Most of the doctors attend the dispensary pretty regularly for consultations as regards the progress and treatment of their patients. The domiciliary reports have been returned very well, and the information supplied on these has been quite satisfactory in most cases, and very satisfactory in many."

E. “Co-operation with my colleagues in general practice, both amongst the insured and uninsured, appears to be increasing satisfactorily. Last year the total of consultations was 206, the average for the preceding three years being 81 per annum ”

The County Medical Officer communicates periodically with all medical practitioners in the county drawing their attention to the facilities of the county tuberculosis scheme.

ARRANGEMENTS FOR “FOLLOWING-UP” PATIENTS IN CASES IN WHICH THE
DIAGNOSIS IS DOUBTFUL.

Owing, I think, to administrative efforts, cases are on the whole, coming under observation in a distinctly earlier stage.

Most of the “doubtful diagnosis” cases come up for re-examination after a period given them, varying according to circumstances, from two or three weeks to perhaps three months. When the patient is definitely under the care of a practitioner, the latter is asked to send the suspected person at stated intervals. The list of cases is reviewed periodically and those who have not come up, as instructed, are either written to or visited by the nurse.

In the case of a school child excluded from school, he or she must of necessity come up again for another certificate.

It is rare for anyone to cease to attend before a diagnosis is completed, or for it to be necessary for the tuberculosis officer personally to visit the home of the patient, the fear of tuberculosis being real and sometimes exaggerated.

Suspicious bone cases are X-rayed; especially many suspicious cases of hip joints have thus been proved definitely not tubercular. Medical practitioners, nurses, and school medical officers are also requested to keep an eye on these cases, and in this way we have again been able to examine many who would have otherwise been lost sight of.

Cases which have left the district during the period of observation have been passed on to the tuberculosis officer of the district in which they intend to live and the suspects requested to attend at the tuberculosis dispensary in that district.

ARRANGEMENTS FOR SECURING EXAMINATION AND SYSTEMATIC SUPERVISION
OF HOME CONTACTS.

When a patient first attends the dispensary his family history is carefully investigated and enquiries are made about contacts (especially children) living in the house. He is asked to send contacts up for examination, but the chief work in this direction is done by the health visitor, at her visit to the home of the patient.

The dispensary nurses in their periodical visiting have contacts constantly in their minds, and are very efficient in seeing that such contacts are re-examined from time to time.

When visiting a patient the tuberculosis officer is always ready to examine any other inmates of the house at the time of his visit.

The following are a few observations of the tuberculosis officers in this connection :—

A. “Practically all contacts are classed as under “observation” and their folders are reviewed from time to time.”

B “As a rule the young children of definite cases are brought up readily enough for examination, and if not, a reminder from the health visitor is undertaken, but it is more difficult to secure the attendance of adult contacts. These, especially the men, are not so amenable to examination. Some apparently imagine that they are liable to become infected if they attend the dispensary, while others seem to think the tuberculosis officer is attempting to encroach upon the family doctor’s domain, saying they would attend their doctor if it was necessary. An explanatory letter following the health visitor’s visit sometimes has the effect of getting this type of person to attend. The health visitors, while making their routine reports, include information regarding any relevant illness which has taken place amongst the other members of the family of the patient.”

C. “It is not within the range of practical politics in this industrial area to secure the examination of every member of the household in which a case of tuberculosis arises. The proportion of contacts examined is, however, very appreciably increasing, and in all cases where massive infection appears possible we are finding it much easier to get all contacts to be examined.”

D. “I find that it is rare for a tuberculous contact to escape detection for long. The fact that the disease is in the home almost always causes intense anxiety for the health of all the family, especially for the children, so that the tendency is to seek my advice for every trifling ailment.”

E. “Of the 761 new patients seen 207 were “contacts” of cases where tuberculosis had been diagnosed. I have noticed with regard to contacts (1) the contacts of cases of ‘closed’ non-infectious surgical tuberculosis always seem to come to the dispensary at once, and not only once, but many times, and they all come; (2) contacts come for examination, and will willingly come again and again over a period of years for observation when their homes are clean and comfortable and their circumstances good. The contacts who will not come or who come once and never again are those whose circumstances are wretched and poor—hawkers, marine store dealers, general dealers and such like.”

INFORMATION AS TO SPECIAL METHODS OF DIAGNOSIS AND TREATMENT IN USE
AND THE NUMBER OF PERSONS TO WHOM THESE SPECIAL METHODS
HAVE BEEN APPLIED

The arrangements made with various hospitals throughout the county and in London for the X-ray examination of patients, where needed, in order to assist diagnosis, have been continued. Fifty-five such examinations were made during the year in connection with the county scheme. Facilities are also available at a number of hospitals for the treatment, by Finsen Light, &c., of lupus and tuberculous skin diseases. Forty-seven patients received this form of treatment during the year. Special arrangements were made in several of these cases for the patients to be "boarded-out" near the hospital in London, as it was impossible for them to travel from their own homes each day for treatment. In certain other cases where daily treatment was necessary the County Council provided railway season tickets.

Nine patients received Artificial Pneumo-thorax treatment during the year, and assistance was given in most of these cases towards the cost of travelling expenses.

Payment has also been made in respect of three patients attending general hospitals as out-patients for special dressings.

Specimens of sputum are examined in all cases where possible and the following table shews the result of such bacteriological work during the past ten years.

It will be seen that the total number of specimens of sputum examined shews a still further increase over previous years and that the percentage of specimens in which tubercle bacilli were found to be present, was the highest for the past ten years :—

Year.....	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
No. of Specimens of Sputum examined	2100	1948	1831	2075	2714	2571	2958	3315	3501	3532
Percentage positive, <i>i.e.</i> , Tubercle Bacilli present	26	25	25	23	23	25	27	26	24	28

The following are a few observations of the tuberculosis officers under this heading :—

A. "There has been a tendency lately to revive X-rays as a specific means of diagnosis in tuberculosis. I have found it of value as such in cases of bone and occult glandular disease, but it seems to me that its help in pulmonary cases is frequently overrated. I think its use in these cases would be much enhanced if the functions of the clinician and the radiologist were combined in the person of the same individual. During the past five years some forty X-ray reports have been asked for in this area. The great majority of these have been cases of children in which the object has been to confirm the clinical suggestions of 'hilus' tuberculosis.

"Artificial pneumothorax has during that time been given to some dozen cases. It can be seen from this that its application as a form of treatment has been very limited. Relatively very few cases are suitable for its induction, and in a considerable percentage of these its continuance has to be abandoned owing chiefly to the intervention of complications. It has been of undoubted value in those cases in which a complete course of such treatment has been feasible.

"The 'Light' treatment for tuberculosis has come greatly to the fore during the past three years. During this time some six cases of lupus have been treated by this means with distinctly beneficial results. The reports of this treatment in cases of bone and gland disease—occult and peripheral—are also good. It simulates heliotherapy in action.

"Tuberculin has now generally been abandoned. Its use is absolutely contra-indicated in many cases. It can be given to cases in whom response to sanatorium treatment is anticipated, but even in these it is of a problematical value which is more than counter-balanced by the practical difficulties of its administration which arise in scattered dispensary practice.

"There is no doubt that we must still, generally speaking, rely upon the old hygienic-dietetic principles to induce quiescence, followed by an unremittingly intelligent, and careful mode of life, to effect a cure."

B. "Tuberculin tests, complement fixation tests, etc., are not used here. X-rays are used when necessary; these mostly, however, in cases of so-called surgical tuberculosis."

C. "The subcutaneous tuberculin test has been used at times for diagnostic purposes in suspected cases of surgical tuberculosis. I consider negative reaction to a series of injections a very valuable help in making a diagnosis, but I pay little attention to a positive reaction unless there is marked reaction to the first small dose. I consider that this test is dangerous in the case of

suspected pulmonary disease, unless the patient is kept continuously under skilled observation (as in a hospital or sanatorium) while the test injections are being given. The ignorance or neglect of the patient may cause a positive general, or focal reaction to be missed, with disastrous results when the dose is increased at the next injection. For the same reason a course of tuberculin for treatment is not given in definite cases of lung disease, though cases of surgical tuberculosis have been found to benefit by this method of treatment.

In a doubtful case the following routine is observed—The patient is examined at frequent intervals, a record of the temperature is kept, and sputum examinations are made at intervals when this is possible. In difficult cases, patients are recommended for admission to Lenham Sanatorium for observation. Looking back over a period of nearly eleven years in this area, it is satisfactory to note how few are the cases of mistaken diagnosis when these methods are carried out."

D. "No special methods of diagnosis or treatment have been adopted. Occasionally I recommend a patient for admission to a sanatorium for diagnosis.

Tuberculin in very small doses has been used for a few non-pulmonary cases."

E "The only special method of diagnosis used in this area is X-ray examinations, reports, and films or plates. Nineteen patients were, on my recommendation, sent for X-ray examination during 1925.

"With reference to special methods of treatment—apart from institutional treatment—I have used tuberculin in only two cases during the year, both cases of tuberculous testicle, and they both did exceedingly well. I have given a three months' course, and then two months' rest. Tuberculin T.R. was used and is being continued in one of these cases. The other form of special treatment I have advised is Finsen Light and Ultraviolet Light baths. That the County Council can now send lupus and other forms of skin tuberculosis for Finsen Light and Ultraviolet Light treatment is, I consider, the greatest advance in treatment during the last five years."

F. "Special arrangements have been made to provide the following forms of treatment to the numbers indicated :—Violet Ray Treatment—Two cases of cervical gland tubercle were treated successfully by this method ; Finsen Light treatment for Lupus—Four cases were treated ; Treatment by operation -- Two cases of genito-urinary tuberculosis received treatment by operation ; Pneumothorax treatment—One case received this form of treatment."

DENTAL TREATMENT.—One hundred and three patients received dental treatment (ranging from a single extraction to total extractions and provision of complete dentures) under the county tuberculosis scheme during the year, a total cost of a little over £350. Such treatment is only given where, in

the opinion of the tuberculosis officer, it is necessary for the proper treatment of the disease, and where the patient has not the means to meet the cost of such treatment. The dental treatment of ex-service men in whose cases the disease has been held to be attributable to war service, is undertaken by the Ministry of Pensions on the recommendation of the tuberculosis officer, if the patient is undergoing treatment at a dispensary or in a residential institution.

The question of co-operation with the school medical service in providing dental treatment by means of whole-time dental surgeons, will shortly arise for consideration.

ANCILLARY NOURISHMENT.—Ancillary nourishment is provided on the recommendation of the tuberculosis officers. Careful enquiry is made into the financial circumstances of every applicant for this benefit, and grants are only made to those patients who cannot reasonably be expected to incur the necessary additional expenditure on nourishment which their condition demands. Some of the patients receiving this form of treatment are chronic cases, who are able to lead more or less useful lives. The supply of additional food is not justified in the case of tuberculous persons whose circumstances are such that they can only be dealt with adequately through the machinery of the Poor Law, and in this connection the tuberculosis officers work in close co-operation with the Poor Law medical officers and the relieving officers.

The tuberculosis officers do their best to ensure that all articles of food supplied are consumed by the patient, and the assistance of the family practitioner in this connection proves of great value. The nurses and voluntary workers are also helpful.

There are three scales of nourishment in general use, viz., A, B and C, and the following table shows the number of orders issued during the year under each scale :—

“ A ” (one pint of milk per day)	79
“ B ” (one pint of milk and one egg per day)	482
“ C ” (one pint of milk and one egg per day, and half a pound of butter per week).....	320
Special (two pints of milk per day)	7
	<hr/>
	888
	<hr/>

All orders issued are for ninety-one days' supply.

SURGICAL APPLIANCES.—The County Council provide surgical appliances on the recommendation of the tuberculosis officers in cases where the financial circumstances of the patient are insufficient to meet the cost. In a few instances patients or their relatives make some contribution towards the cost of the apparatus.

The following appliances or apparatus were provided during 1925 :—

Ankle splints	2	Repairs to spinal jacket ...	2
Cock-up splint	1	„ spinal support ...	1
Crutches	11 prs.	Special spinal apparatus ...	3
Hip splints	9	„ brace	3
Knee splints	4	„ double Thomas's hip	
Knee cap (elastic)	1	splint	1
Lung splints	2	„ spinal spica	1
Modified Taylor's brace	1	Spinal carriage (loan)	2
Noble Smith support	1	„ jackets	2
Refitting knee splint	1	Suspensory bandage	1
„ kyphotic support	1	Surgical boots..... ..	9 prs.
Pattens	6	Weight-relieving calipers ...	2
Repairs to hip splint	2		

OPEN-AIR SHELTERS.—There are eighty-seven open-air shelters in use throughout the county, and they are much appreciated. These shelters are loaned to the patients on the recommendation of the tuberculosis officers, and particular regard is paid to the suitability of the site chosen for the shelter. They were used during the year by 141 patients.

They are inspected periodically by the tuberculosis officers and health visitors on the occasion of their home visits, and reports are made to me as to the condition of the shelters and the use being made of the same. Many of these shelters have now been in use for a number of years, and repairs are frequently necessary.

I wish to thank medical officers of health and sanitary inspectors throughout the county for much valuable help in connection with the disinfection of the shelters before removal, and also for their assistance in connection with repairs.

HOME NURSING.

The present limited nursing staff does not permit of the home nursing of tuberculous patients being undertaken. In a few special cases the dispensary nurse may attend at the home of the patient daily for carrying out dressings, &c. In a few other special cases the local nursing associations have undertaken home nursing. Otherwise, in this direction nothing is undertaken under the county scheme.

RESULTS OF EXPERIENCE AS TO THE RELATIVE VALUE OF EACH FORM OF TREATMENT.

In addition to the comments under previous headings, the tuberculosis officers write as follows :—

A. “When one studies the statistics of the results of treatment in this area, one realises from the number of dead and unarrested cases that we still

await the discovery of a specific remedy for the disease, but I am convinced that the work done by the County Council has not been wasted. I am sure that many patients are alive and working to-day who, but for the treatment they have received, would now be dead.

“I believe that the education and training that a patient receives at a sanatorium is of more actual value than the benefit to his health that he derives from his treatment there. Not only does he know how to adapt his life to the new conditions of living that are necessary if he is to fight against the disease, but he also learns how to avoid being a danger to others. That a patient as a rule markedly gains in health by his stay at a sanatorium is undeniable, but he too often relapses on his return home, due to an insanitary, ill-ventilated house, to badly cooked or insufficient food, to overcrowding, or to the necessity of a too early return to work. If it were possible, I consider every patient should stay at least a year at a sanatorium, and I believe that the provision of tuberculosis colonies will go far in diminishing or suppressing the disease.

“I consider there should be more provision made for the isolation of advanced cases. I do not think the disease will ever be overcome whilst advanced cases are allowed to live in overcrowded and insanitary conditions with other people, especially children.

“The treatment of patients at the dispensary and the provision of cod liver oil, etc., is of great benefit, as many patients have not the means to pay for a private doctor, and will not go to the parish doctor if they can help it. I believe that patients come to the dispensaries for the first time more on the recommendation of friends than of a doctor, and this, I think, speaks for itself as to the value of the work being done by the County Council in the eyes of the general population.

B. “In pulmonary cases institutional treatment is by far the most valuable, both from a curative and an educational point of view, and does much more good than it is possible to shew by statistics. Patients able to obtain treatment at home, either under the National Insurance Act or privately, do as well as those treated in the dispensaries.

“In some non-pulmonary cases admission to an institution is the only possible course, but many do well under treatment at home, though those wearing apparatus require constant skilled supervision for adjustments, etc.”

C. “The experience of the year emphasises the benefit of a period of sanatorium treatment, not only for the improvement in health that may be expected, but also for the educational value of a stay in such an institution. This is seen on the patient's return home in the increased appreciation of the importance of preventive measures and of a ‘routine life’ for the future if their complaint is to be successfully combated.

“The figures in the annual return showing the results of sanatorium treatment again indicate that this form of treatment to be successful should be confined preferably to cases in the early stages of pulmonary tuberculosis.

“The results of home treatment are satisfactory in those cases with a previous experience of sanatorium life.”

ARRANGEMENTS FOR TREATING NON-PULMONARY TUBERCULOSIS.

Particulars of institutional treatment are set out on pages 64—66, and details of the provision of surgical appliances on page 77.

AFTER-CARE.

Attempts have been made to form after-care committees in various centres in the county, but these attempts have not met with great success owing to such committees being hampered by lack of funds.

The tuberculosis officers have interviewed influential people in their localities who are interested in such matters, including the local medical officers of health.

There is a children's after-care committee at Bromley, which has helped tuberculous children in several ways.

An active after-care committee has been established in Tunbridge Wells and district which is doing very good work in following up both definite and suspected cases of disease, and one of their chief activities is looking after pre-tuberculous children, sending them to convalescent homes, or granting them supplies of milk. This is a special committee of the Charities Organisation Society and the Invalid Children's Aid Society.

Committees have been formed at Sittingbourne and Sheerness but they again find it difficult to give great assistance owing to the financial question.

In Canterbury, the Alford and Canterbury Aid Society does excellent work, and at the tuberculosis officer's suggestion sends away to convalescent homes many children suffering from debility.

In Beckenham there is also a good committee formed of local people, including representatives of charitable, &c., societies in Beckenham and Penge. In addition, the Penge Philanthropic Society and the Beckenham Charitable Society have assisted in getting suitable cases to seaside and convalescent homes.

In various other districts substantial assistance for a number of cases has been secured by the tuberculosis officers and nurses, through the kind interest of a few local residents.

I append below a statement of the position in one of the tuberculosis officer's areas as set out by the tuberculosis officer and printed in a previous report. The statement is of general interest as showing the position in certain areas where no committee has been formed.

"It appears that my predecessor recently circularised a number of individuals who 'were interested in tuberculosis,' with a view to forming an after-care committee for this area, but that various difficulties arose, possibly largely due to the absence of a specific fund on which the committee could draw, and no definite after-care committee as such was formed.

"At the present time there are several organisations, with funds at their disposal, actively at work for the assistance of tuberculous patients—particularly ex-service men, their wives and families, *e.g.*,

British Red Cross,
British Legion,
United Services Fund,

while for genuine cases endeavouring to set up 'on their own,' after a course of vocational training, the Military Services (Civil Liabilities) Dept. is in a position to make grants.

"I venture to think that the setting up of yet another organisation in this area would not materially add to the results of the work already being carried out. One point, often lost sight of by those not experienced in this class of work, is that many patients (and these essentially the genuine cases whom one delights in assisting), resent intensely being visited by strangers, however good the intention that activates them, who desire to know something of their private affairs.

"There is no doubt that the existence of a small fund, on which recommendations could be made for a grant of a few shillings here, or a £1 or two there, in cases of emergency (*e.g.*, the fare of a delicate child to visit for a month or two relatives on a farm or at the seaside; father out of work, another baby just arrived or arriving) would be of assistance in a few individual cases of which we have knowledge, but the best committee for this purpose is a committee of one who must be 'in the know,' and knowledge of the existence of such a fund must be kept quiet, or the scramble for possible crumbs by those who parade their poverty for such purposes would be strenuous.

"Recently I have got into touch with the Inspector of the N.S.P.C.C., whom I have found very active, sympathetic, and of real and practical value. Two days ago there came a letter from the Mission to Seamen about a case of ours, and in many individual cases where need has arisen, it has been possible to get an interest taken in our patients by some one who is in a position to help.

“ I have written at this length in order to indicate that in this area at any rate the need for a definite ‘ After-care Committee ’ as such would appear to be less urgent than in many areas, and that the question of after-care, as apart from a committee, is not lost sight of in our work. The only cases where further help is really needed are of a class, small in number and of the character of the example quoted in the fourth paragraph above.

“ While on this subject, I should particularly wish to mention the great personal interest taken in all the service cases, both of ex-service men and of members of their families, by the Chief Area Officer, through whom I have been able to put cases in touch with the most suitable of the organisations quoted in the second paragraph, for the assistance needed.

“ By putting my cases before the local secretaries of the British Legion, as is at present done, through the C.A.O., whose office is adjacent to mine, and with whom I am in close personal touch, my recommendations reach the local secretaries as soon, and are accompanied moreover by a covering memorandum from the C.A.O., which ensures and expedites the attention they invariably receive, and tends to avoid the delay of subsequent enquiry and additional correspondence.”

The question of “ after-care ” has been before the County Council, and the matter was deferred until a scheme had been considered by the Kent Rural Community Council. The question is under consideration by the latter body at the present time, as part of its public health activities.

FINDING EMPLOYMENT FOR PATIENTS.

There are no special arrangements in existence for finding employment for tuberculous patients, beyond such as may be covered by the arrangements set out above in respect of after-care committees.

The tuberculosis officers have, however, discussed this matter with the various employment committees in the county, and their co-operation is therefore assured to the fullest extent possible.

ANY SPECIAL POINTS NOTED AS TO THE INCIDENCE OF TUBERCULOSIS (E.G., OCCUPATION).

Three of the tuberculosis officers write as follows.—

A. “ It has not been found that any particular class of the community has suffered unduly from tuberculosis in this area during the past few years. I have noticed, however, on looking over the mortality list, that the disease has run a relatively progressive course in spite of treatment in all cases of members of publicans’ families: moreover, the

explanation that the facilities for over-indulgence in alcohol were used did not apply in these. On considering the matter it is seen how this class can be exposed to direct infection, which may be engendered by an insufficient sterilization of drinking vessels, and the habit of expectorating to which their customers may be prone."

B. "There is no doubt that tuberculosis originates most frequently where there are overcrowding, insanitary conditions, underfeeding, etc. Those people working in factories, workshops, or in domestic service, run more risks of developing the disease than those who live a life in the fresh air."

C. "Not having any factories, etc., in this area, we have not had any special 'incidence.' Amongst the men, most of the cases seem to have been amongst ex-service men and labourers ; and amongst the women, domestics, etc. There have also been a fair number of cases amongst shop assistants.

"I have had a few cases of miner's phthisis where there has been a considerable amount of stone in that particular colliery. There also seems to have been a considerable number of cases of spine, bones and joints, glands, and abdomen."

Occupational incidence is shown in the table on page 58.

ANY SPECIAL METHODS ADOPTED OR PROPOSED FOR THE PREVENTION OF TUBERCULOSIS.

None at present. Reference is made above to bad housing conditions as a causative agent in tuberculosis, and in this connection the Housing Section of this report is instructive.

SPECIAL DIFFICULTIES ENCOUNTERED.

The tuberculosis officers comment as follows under this heading :—

A. "1. The number of people who 'enjoy' ill-health.

2. The conviction of many who, because at one time or another they have been told they have tuberculosis, believe that all their subsequent deviations from health—whether due to fantasy, flatulence or flat feet—must therefore be due to tuberculosis, and can only be treated at this dispensary. It appears to come as a great disappointment to many of this class to be told, after examination, that the old trouble is no longer active, often not even apparent, and that this is not a general dispensary.

3. Question of residential treatment. There is a large number of second stage cases, old standing chronic type of only slight activity, whose working capacity is much impaired at the best of times and entirely destroyed for a period, when from time to time these unfortunates 'get a cold' or suffer

some of the minor disabilities to which we are all liable, they to a rather greater degree because of the underlying tuberculosis. It is undeniable that such cases benefit by a period of residence at a sanatorium, and in view of such benefit these patients appear to be entitled to a recommendation accordingly. Actually a considerable proportion of these cases derive as much good from a period in the local infirmary—bed as required, regularity of life for a period (feeding and *modus vivendi* generally) and medical supervision being all that is necessary.

That there is a very real need for residential accommodation for the more or less chronic type of pulmonary tuberculosis for varying periods during the course of the disease is not in question, but it appears that this need might be met at very much less cost, and the expensive sanatorium beds be kept only for the cases which really call for the highly specialised (and therefore expensive) medical skill, care and supervision."

B. "I doubt whether there are any difficulties that can be called 'special.' Difficulties have often been referred to either by my colleagues or myself. Some of the chief are:—

(a) That so large a number of patients are not seen until the lung disease is fairly extensive.

(b) The limited accommodation in sanatoria for pulmonary cases in the intermediate or advanced stage and the difficulty of refusing institutional treatment to some of these, urgently begging for it, and to whom it would probably be some benefit, at any rate in the relief of symptoms.

(c) The limited accommodation for non-pulmonary cases and the difficulty of obtaining institutional treatment for them when pulmonary disease is also present.

(d) The shortage of houses

(e) Obtaining suitable employment for arrested cases."

C. "One of the chief difficulties to contend with is home financial conditions *versus* institutional treatment. A large number of cases are extremely chary of going to an institution since they would be leaving their home dependents without suitable financial support. I really think that something ought to be done in this matter. I am afraid, after consultation with the various medical officers of health, &c., that there is very little hope, on the whole, of these people receiving voluntary financial support from any private source. There seems to be very little hope of forming any after care committees that would render any efficient service.

Another very important difficulty arises from the influx of a very large number of visitors to these seaside health resorts. Not only are all the

tuberculous visitors not by any means notified or found out, but also their hosts who are suffering from tuberculosis often allow visitors to occupy rooms that they themselves have been occupying during the winter months.

I am afraid that the air of this North-East corner of Kent is, during the greater part of the year, rather too much for cases of tuberculosis of the lungs. These cases are usually very unstable, and tend to become very active at unexpected times, usually starting with an attack of bronchitis or pleurisy."

D. "A special difficulty arises in acting as referee in cases of pensioners who apply for treatment allowances. They may be unfit to follow a remunerative occupation, and yet not be entitled to treatment allowances because it is not their treatment but their disease which prevents work. I have had several informal discussions with officials of the Ministry of Pensions on this matter, and I think they see that the tuberculosis officer is in the difficult position of having to act in two capacities--tuberculosis officer to the County Council and referee to the Ministry of Pensions--when dealing with the same question."

OTHER COMMENTS.

The following are special general comments of the tuberculosis officers:—

A "I am glad to be able to report a further drop of 11·5 % in the total dispensary attendances in this area during 1925, though the number of patients on our books is very slightly larger, and the time taken up by the dispensary sessions shows no signs of diminution. This means that the time occupied by individual consultations and examinations is very appreciably lengthened. It is to be hoped that the advice given is taken as whole-heartedly as such medicines as may be prescribed.

"The total of new patients examined for the first time was 7·5 % below the average of the previous three years (which included the exceptionally high figure for 1923). One satisfactory feature which arises from this return is that whereas in 1922 58·94 % of new cases were decided as being definitely suffering from tuberculosis, the percentage has markedly and steadily fallen, and last year the percentage was 35·11 %, which brings this area much more into line with the rest of the county; the figures for the whole county showing 42·82 % in 1922, 38·51 % in 1923, and 34·45 % in 1924, as found to be definitely suffering from tuberculosis.

"The tuberculosis notifications, Form A, for this area also support this indication of a drop in cases of active tuberculosis being met with, as the 1925 total is roughly 15 % below the previous three years' average (which again includes the exceptional figure of 1923). Although the notifications from the dispensaries have risen by 50 % over the previous three years' average,

these form only a small proportion of the total area notifications, and the position is to some extent explained by the revision during the year of the medical officers of health's tuberculosis registers at the dispensary, and the discovery of some very old standing cases which had inadvertently escaped notification."

B. "The work of the Ministry of Pensions increased year by year after the War, although the Ministry stopped payment to tuberculosis officers for all certificates except for reports on Form M.P.M.S.D. 122. In 1924 I had a personal visit from the Deputy Commissioner of Medical Services (Tuberculosis), London Area, asking me to take all chronic cases off treatment allowances and let these men revert to their pensions. This greatly reduced the number of examinations and lightened the office routine.

"A change which is of too recent origin to comment upon, is the appointment of tuberculosis officers as honorary consultants on the staff of infirmaries. I would only say that I have frequently had consultations in the past with medical superintendents at the infirmaries, so this new appointment is unlikely to lead to any marked change of routine."

C. "The lack of housing accommodation continues to be a serious hindrance to the work. There are a number of patients living under very unsatisfactory conditions. I fear that some are losing heart and giving up the struggle to find better homes, feeling that it is hopeless. This has a bad effect on their character generally and results in carelessness of their own health and of the precautions which it is their duty to take.

"I believe that all the infants and school children in this area crippled by tuberculosis can obtain efficient treatment on modern lines, but many of these cases receive very little general education, school attendance being very irregular owing to their complaint, and most of them get no training to fit them for usefulness in after life, so that some become undisciplined and tend to drift into the class of unemployable."

D. "The provision of extra beds at the county sanatorium, Lenham, has been much appreciated as it has shortened considerably the interval between the recommendation of patients for sanatorium treatment and their admittance to an institution."

All the tuberculosis officers speak in high terms of the efficient assistance rendered by the nurses and clerks.

TUBERCULOUS EX-SERVICE MEN

The following certificates and reports were issued during the year by the tuberculosis officers on behalf of the Ministry of Pensions :—

1.—Certificates <i>re</i> fitness for work	1554
2.—Certificates <i>re</i> increase in degree of disablement	47
3.—Periodical reports on men receiving special rates of pension ...	235

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925, AND
SECTION 62 OF THE PUBLIC HEALTH ACT, 1925.

No action was taken during 1925 under the above.

Early in 1926 the County Council made application to the Ministry of Health to be declared an authority to execute and enforce the Prevention of Tuberculosis Regulations, and this was granted by Order No. 70909 dated 9th June, 1926.

COUNTY DISPENSING STATION.

The county dispensing station, which supplies medicines to all the tuberculosis dispensaries, to Lenham Sanatorium and to the Cranbrook Convalescent Home, was opened in 1920.

The premises are situated in Knightrider Street, Maidstone, and the staff consists of a Pharmacist and two packers and porters.

Drugs, including cod liver oil preparations, are purchased by tender as required, and dispensed in quantities according to special or stock prescriptions. Medicines are dispatched by train or carrier, without delay, and an endeavour is made to collect as many empty bottles as possible for return use.

Under the able control of the Pharmacist, Mr. J. P. Marmion, the station has proved a most successful and economical feature of the county tuberculosis scheme, and its activities have also extended more recently to the supply of medicines, &c., to venereal diseases clinics, and cod liver oil preparations to child welfare centres and school clinics.

Particulars of medicines supplied during the last five financial years are as follows :—

		Bottles of Medicine (inc. C.L.O. Preps.)	Lozenges and Pastilles. lbs.	Surgical Dressings. lbs.	Bandages. No.	Pills, Capsules, &c. No.
1921-22	To Dispensaries ..	23,470	387	109	144	8,076
	To Lenham San. ...	4,133	—	237	504	11,000
1922-23	To Dispensaries ...	44,243	200	74	139	570
	To Lenham San. ...	3,885	7	240	768	22,092
1923-24	To Dispensaries ...	49,099	205	129	284	9,844
	To Lenham San. ...	6,548	40	273	1,115	42,629
1924-25	To Dispensaries ...	46,386	216	87	168	2,335
	To Lenham San. ...	7,309	19	285	1,260	31,742
	To Cranbrook C.H.	156	—	107	168	5,444
1925-26	To Dispensaries ...	45,857	310	139	276	12,902
	To Lenham San. ...	6,532	21	342	792	20,460
	To Cranbrook C.H.	300	—	152	180	700

The above table does not include such items as clinical thermometers, inhalers, etc., or acids, spirits, disinfectants, etc., supplied in bulk.

LENHAM SANATORIUM.

STAFF. Medical Superintendent—

F. J. Pierce, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Camb.)

Assistant Medical Officer—

R. H. A. Ritchie, M.B., B.Ch., B.A.O. (Belf.), succeeded by
J. A. Robson, M.B., B.Ch., B.A.O. (Belf.), D.P.H.

Matron—Miss C. Goodwin.

Chaplain—Rev H. H. L. Longuet-Higgins.

In addition the staff consists of five sisters, fourteen nurses, three clerks, eighteen domestics, three laundry maids, two engineers, three stokers, three porters, and two gardeners.

Dr. Pierce has assisted me in writing the following report :

The present accommodation consists of 90 beds for male patients and 75 for female patients. So far as possible, it is reserved for patients in the early stage of the disease.

Under instructions from the Ministry of Health the training section was closed on the 30th April. On this date twelve trainees had not completed their course of training.

The buildings thus vacated were purchased from H.M. Office of Works. This enabled the sanatorium accommodation to be augmented by forty beds. The latter were allotted to twenty-five female and fifteen male patients.

All the buildings used by the training section are now incorporated in the sanatorium. The two-bedded cubicles accommodate forty male convalescent cases, while the dining hut has been made a comfortable dining room for female patients.

The cubicles mentioned above have been steam-heated by a small separate heating system installed this year, to be used during the winter months.

As in former years, the available beds have been fully occupied. 172 male patients were discharged, including two non-pulmonary and three non-tubercular, also 133 female patients, five of whom were non-tubercular and one non-pulmonary.

TREATMENT.—The general routine of treatment has been continued as in previous years.

Patients have had the opportunity of more variety in the treatment exercises allotted to them. Although the greater number still work with the gardener, the appointment of an officer in charge of general repairs at the sanatorium has given some patients the chance of working at minor repairs and decorations. In this way patients have learnt useful work, but have not had systematic instruction in these trades.

The workshops used by the training section have been available for patients preferring this work. It is hoped that all the shops may at some time be brought into use for patients when the weather is unfavourable for out-door work.

Artificial pneumo-thorax has been successfully employed in several cases during the year, in connection with which the X-ray plant has been an essential. The latter, although capable of useful work, is not comparable to the latest installations, and will require in the coming year some additions to bring it up to date.

Generally speaking, the tone and behaviour of patients undergoing treatment have been excellent with few exceptions. Great interest has been taken in the construction of a small rock garden between the west wing and the male convalescent block. Successive groups of patients have contributed to make it picturesque.

AMUSEMENTS.—The patients' canteen fund and the grant from the Kent County Council have provided frequent entertainments in the male recreation room. Wireless news and concerts have been a great boon to some patients and also to the staff.

In response to a request from the female patients, a four-valve wireless set was provided for their recreation room. A link to the male convalescent section is also contemplated.

CLASSIFICATION OF CASES.—A classification of cases on discharge and the results of treatment has been tabulated in this report.

The classification is based on the Ministry of Health recommendations, of which the following is a brief summary :—

Class "A" Cases in which tubercle bacilli have never been demonstrated in the sputum.

Class "B" Cases in which tubercle bacilli have at any time been found.

Group 1 ... Cases with slight constitutional disturbance. Physical signs very limited in extent, either in one lobe only and in the case of an apical lesion one upper lobe not extending below the second rib in front; or where these physical signs are present in more than one lobe, they should be limited to the apices of the upper lobes and should not extend below the clavicle in front and the spine of the scapula behind.

Group 3 ... Cases with profound systemic disturbance or constitutional deterioration; with marked impairment of function, and with little or no prospect of permanent improvement.

Group 2 ... All cases which cannot be classified in Groups 1 and 3.

		CONDITION OF THE LUNGS ON DISCHARGE,					GENERAL CONDITION ON DISCHARGE. (EXCLUDING DEATHS.)				
Classification.		Total.	Quiescent.	Improved.	<i>In Statu Quo.</i>	Worse.	Patient Died.	Much Improved.	Improved.	Stationary.	Worse.
Males.	Class " A "	52	37	10	5	—	—	26	22	4	—
	Class " B " 1. ...	28	10	12	5	1	—	7	17	4	—
	2. ...	64	7	31	24	—	2	24	26	10	2
	3. ...	23	—	9	5	5	4	4	7	4	4
	*Non. Pul.....	2	—	—	—	—	—	—	2	—	—
	*Non. Tub.....	3	—	—	—	—	—	1	2	—	—
	Total..... (excluding *)	167	54	62	39	6	6	62	76	22	6
Females.	Class " A "	73	37	20	15	1	—	36	28	9	—
	Class " B " 1. ...	13	3	6	4	—	—	3	7	3	—
	2. ...	26	2	15	9	—	—	9	13	3	1
	3. ...	15	—	4	6	3	2	3	4	4	2
	*Non. Pul.....	1	—	—	—	—	—	1	—	—	—
	*Non. Tub... ..	5	—	—	—	—	—	3	1	1	—
	Total..... (excluding *)	127	42	45	34	4	2	55	53	20	3

The above table shows condition of the lungs on discharge as well as the general condition. It includes all discharges except those recorded as non-pulmonary and non-tubercular.

An analysis of this table shows that ninety-six patients were discharged with quiescent disease, or 32·7%. There is a striking similarity between this figure and that recorded last year.

The Class "A" type of case naturally shows the highest percentage of quiescent cases.

It is gratifying to report that 69 % of cases of both sexes showed some improvement in the pulmonary signs, while 83·6 % of all cases discharged showed an improvement in general condition (82·6 % men and 85·0 % women).

DURATION OF TREATMENT.

Duration in Weeks.		Under 4.	4—8.	8—12.	12—16.	16—20.	20—24.	Over 24.	Total.
Males.	Class “ A ”	1	4	11	12	4	4	16	52
	Class “ B ” 1	—	—	1	4	7	4	12	28
	2 ...	3	2	7	6	3	5	38	64
	3 ...	2	2	—	—	—	1	18	23
	Non-Pul.	—	—	—	—	1	1	—	2
	Non-Tub.	—	1	1	—	—	—	1	3
Females.	Class “ A ”	4	6	9	10	10	13	21	73
	Class “ B ” 1 ...	1	1	—	2	4	2	3	13
	2 ...	1	—	2	3	2	6	12	26
	3 ..	—	1	3	2	2	—	7	15
	Non-Pul.	—	—	1	—	—	—	—	1
	Non-Tub. ..	—	3	2	—	—	—	—	5

The average length of stay for males was 178 days and for females 174 days.

Class “ B 2 ” type remained the longest under treatment in the case of men, and Class “ A ” in the case of women.

Unfortunately many male patients with dependents are compelled to terminate their treatment after a few weeks in order to return to support their families.

Classification.		Increase in Pounds.					Weight Stationary.	Weight Lost.	Percentage Showing Increase.	Total.
		1-5	5-10	10-15	15-20	over 20				
Male.	Class A	9	15	16	2	2	3	5	84·6	52
	„ B1	4	10	4	3	—	1	6	75·0	28
	„ B2	17	13	9	3	3	5	14	70·3	64
	„ B3	5	2	3	—	—	3	10	43·5	23
	Non-Pul.	—	1	—	—	1	—	—	100·0	2
	Non-Tub.	2	—	—	1	—	—	—	100·0	3
Female.	Class A	12	16	15	10	7	5	8	82·2	73
	„ B1	3	4	4	—	—	1	1	84·6	13
	„ B2	3	8	2	1	—	5	7	53·8	26
	„ B3	—	1	2	1	1	3	7	33·3	15
	Non-Pul.	—	1	—	—	—	—	—	100·0	1
	Non-Tub.	1	1	—	1	—	—	2	60·0	5

An increase in weight generally means improvement, but loss of weight by itself does not always indicate deterioration in health.

Males.			Females.		
Classification:— (X) Full Work. (Y) Light Work. (Z) Unfit for Work.					
	Classification on Discharge.			Classification on Discharge.	
Class "A"	{ X 36		Class "A"	{ X 39	
	{ Y 12			{ Y 19	
	{ Z 4			{ Z 15	
Class "B" 1	{ X 15		Class "B" 1 . . .	{ X 6	
	{ Y 8			{ Y 5	
	{ Z 5			{ Z 2	
Class "B" 2	{ X 15		Class "B" 2.. ..	{ X 2	
	{ Y 27			{ Y 14	
	{ Z 22			{ Z 10	
Class "B" 3	{ X —		Class "B" 3.....	{ X —	
	{ Y 3			{ Y 3	
	{ Z 20			{ Z 12	
Non. Pul.	{ X 2		Non. Pul.	{ X 1	
	{ Y —			{ Y —	
	{ Z —			{ Z —	
Non. Tub.....	{ X 2		Non. Tub.....	{ X 4	
	{ Y 1			{ Y —	
	{ Z —			{ Z 1	

214 discharges, or 70 %, were fit for work, of these ninety-two, or 30 %, were fit for light work only. In this connection it must be mentioned that the working grades at the sanatorium are not comparable to the work expected of the average wage earner.

SPUTUM (Excluding Non. Pul. & Non. Tub. Cases).

Sex.	Total.	No Sputum.	- On admission. - On discharge.	- On admission. + On discharge.	+ On admission. - On discharge.	+ On admission. + On discharge.
Males.....	167	21	62	5	22	57
Females...	127	66	23	3	12	23
Totals...	294	87	85	8	34	80

All sputum examinations are conducted at the sanatorium. The fifth column shewing the number of cases admitted with positive sputum and being on discharge free from bacilli, is most satisfactory, as the presence or absence of the germ affects the patient's future.

Out of the total of 114 cases admitted with a positive sputum, thirty-four, or 29·8 %, were discharged with a negative sputum.

GENERAL.

The patients' canteen hut has been lined with match-boarding and felt and is in every way the "sanatorium shop."

A verandah similar in construction to those of the East and West wings was commenced for the front of the Canterbury block towards the end of the year and will be completed shortly.

Each patient has been provided during the year with a separate 6' 0" locker in which all articles of clothing can be stored.

Poultry-keeping on a small scale has been started and it is hoped to develop a small poultry farm, which will be interesting as well as instructive to the patients undergoing treatment.

Eight cottages erected by the County Council, on the sanatorium site, for members of the male staff, were occupied early in 1925.

CRANBROOK CONVALESCENT HOME.

STAFF.—Visiting Surgeon—R. A. Ramsay, M.A., Camb., M.C., M.B., F.R.C.S. Eng., L.R.C.P. Lond.

Local Visiting Medical Officer—J. S. Rogers, M.R.C.S. Eng., L.R.C.P. Lond.

Matron—Miss A. E. Pleasance.

Two nurses, three maids, one gardener and one part time clerk.

The accommodation at this institution has been fully occupied throughout the year. Thirty-seven patients were discharged during the year, including four men, five women and twenty-eight children, and the average duration of stay was 245 days.

The condition of thirty-two patients had improved with treatment and twenty-three of them were fit for school or light work, on discharge. In five cases there was no improvement and the patients were transferred to various hospitals for operative treatment.

Arrangements have been made with the authorities of the Tunbridge Wells General Hospital for the X-ray examination of patients receiving treatment at Cranbrook when recommended by the Visiting Surgeon. Dental treatment when necessary is carried out by a local dentist and minor operations are undertaken by the Visiting Surgeon.

The patients much appreciate the benefit derived during their period of convalescence from the wireless set which was installed during the year. Great interest is also shown in the classes for leather work, and many useful articles have been made. Unusual ability has been shown by a number of patients in this direction. Educational classes have also recently been started by local voluntary effort and are much appreciated.

Central heating and hot water apparatus has been installed during the year and is working satisfactorily.

NON-NOTIFIABLE DISEASES.

Mortality rate per 1000 of the population from measles, whooping cough and diarrhoea during the past fifteen years :—

Year.	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925.	
															Kent.	England. & Wales
Measles	0·36	0·10	0·16	0·08	0·19	0·08	0·22	0·17	0·07	0·10	0·005	0·09	0·04	0·07	0·04	0·13
Whooping Cough	0·12	0·19	0·10	0·11	0·18	0·16	0·11	0·15	0·07	0·10	0·07	0·15	0·05	0·05	0·14	0·15
Diarrhoea	0·95	0·15	0·30	0·34	0·27	10·06 0·33	8·44 0·30	7·52 0·26	7·00 0·22	4·82 0·18	12·55 0·26	2·98 0·06	5·34 0·10	4·37 0·08	3·94 0·07	8·4 —

From 1916 onwards the death-rates from Diarrhoea relate to children dying under two years of age per 1000 births (upper figure), and to total deaths per 1000 of the population (lower figure). The latter shows the comparison with years previous to 1916.

MEASLES.—As mentioned on page 47, this disease remains notifiable in three districts in the county, and the numbers of cases notified in such districts were as follow :—*Dartford Urban*, 325 cases of measles ; *Folkestone Borough*, 445 cases of measles and rubella combined, four of which were removed to hospital ; and *Herne Bay Urban*, four cases of measles and three of rubella.

The death-rate from this disease declined to the same low level that was reached in 1923, and compares favourably with the death rate recorded in England and Wales. Thirty-six deaths were recorded, the greatest numbers

being in *Dover Borough* (where the disease was widely prevalent in the later months of the year) and *Gravesend Borough*, with seven deaths and six deaths respectively. It is pleasing to record that the deaths show a fifty per cent. reduction on the figure for the preceding year.

Dr. Holroyde (*Chatham Borough*) points out that deaths in his area have fallen from eighteen in 1924 to one in 1925, but he adds:—"There are signs that this immunity is at an end, and that an outbreak is imminent. . . . Measles is really a very serious disease, but the public do not realise this. I am certain that much of the fatality is due to want of medical advice and to bad nursing and management. It is apt to leave weakness and other defects behind it, and the younger the child the more likely it is to prove fatal."

All teachers in the area of the Kent Education Committee are supplied with forms on which to notify to the local medical officers of health and to the County Medical Officer any definite or suspected case amongst their scholars. There were only two closures of schools as a consequence of the prevalence of measles, but certificates are issued by the County Medical Officer when the weekly average attendance at any school falls below 60 % as a consequence of infectious disease, and twenty-seven of the 182 certificates so issued during 1925 were the result of measles-prevalence, while in sixteen other cases measles was associated with one or more other diseases as the cause of the low attendance.

The school notifications of this disease are forwarded to the county health visitors, who pay visits to the home where possible.

WHOOPIING-COUGH appears to have been more prevalent than in 1924. Only one school in the area of the Kent Education Committee was closed on account of this disease, but twenty-four of the certificates mentioned above were required owing to whooping-cough among the scholars, and in sixteen other schools the disease was a contributory factor of low attendance. Further, the death-rate, as will be seen from the above table, shows a marked advance—0·14 per 1,000, as against 0·05 in 1924 and an average of 0·08 for the years 1920-1924 inclusive. The county health visitors visit the homes as mentioned in measles above.

DIARRHŒA —Deaths from diarrhœa among children under two years of age showed another decrease — from 106 in 1923 and 80 in 1924, to 72 in the year under consideration. The death-rate shows a corresponding decrease. Fifty-two of the deaths occurred in urban districts, and twenty in rural districts; and the chief mortality is to be noted in *Penge Urban* with seven deaths, and *Dartford Rural* with six deaths. The disease is notifiable in the *Beckenham Urban* District.

Only one previous year (1922) shews a lower mortality rate, and child welfare schemes have, no doubt, had an important bearing on this welcome reduction. A glance at the chart facing page 30 is interesting.

HOME NURSING.—In several districts the local council provides home nursing for cases of certain specified illnesses. In most cases such nursing is carried out by the district nursing association acting on the request of the medical officer of health, such an arrangement obtaining in the following districts :—

Beckenham Urban, for measles, whooping-cough, summer diarrhœa and acute poliomyelitis.

Crayford Urban, for measles.

Margate Borough, for necessitous cases of any description.

Penge Urban, for measles, whooping-cough, epidemic diarrhœa and ophthalmia neonatorum.

Tunbridge Wells Borough, for measles, whooping-cough, and ophthalmia neonatorum.

In *Gillingham Borough*, the services of the health visitors are available to irrigate the eyes in cases of ophthalmia neonatorum, whenever the medical attendant desires such assistance. In *Chatham Borough* the health visitors give occasional assistance in measles, whooping-cough and enteritis, while district nurses are available in cases of epidemic prevalence, and arrangements are now under consideration for the home-nursing of measles, whooping-cough and ophthalmia neonatorum.

In *Herne Bay Urban* there is provision for the nursing of measles, and in *Maidstone Borough* for measles and whooping-cough. In *Erith Urban*, the health visitors visit all cases of measles, and give advice as to nursing. In *Northfleet Urban* and *Faversham Rural* the council will provide nurses in the event of an epidemic.

In *Ramsgate Borough*, the health visitors carry out the home nursing of children suffering from the minor infectious diseases and ophthalmia neonatorum and there is also an arrangement for further assistance, in cases of necessity, by the local nursing association.

Some years ago, the services of a nurse in the home nursing of measles, whooping cough, diarrhœa and poliomyelitis, was arranged by the *Kent County Council* and the facilities were notified to the local medical officers of health in the area of the county child welfare scheme. No applications for such assistance were received.

The following statement shows the places in Kent where, according to my information, there is a nursing association or committee at work undertaking general district nursing.

BOROUGH AND URBAN DISTRICTS.—Ashford, Beckenham, Bexley, Broadstairs, Bromley, Chatham, Cheriton, Chislehurst, Crayford, Dartford, Deal, Dover, Erith, Faversham, Folkestone, Gillingham, Herne Bay, Lydd, Margate, Milton Regis, Northfleet, Penge, Queenborough, Ramsgate, Rochester, Sandwich, Sevenoaks, Sheerness, Sidcup, Sittingbourne, Southborough, Swanscombe, Tenterden, Tonbridge, Tunbridge Wells, Walmer, Whitstable, Wrotham.

RURAL DISTRICTS.—

Ashford East.—Boughton Aluph, Chilham, Eastwell, Godmersham, Kennington, Molash, Wye.

Ashford West.—Bethersden, Charing, Egerton, Great Chart, Hothfield, Little Chart, Pluckley, Smarden, Westwell.

Blean.—Blean, Chislet, Hackington, Hoath, Reculver, Sturry, Westbere.

Bridge.—Barham, Bekesbourne, Bishopsbourne, Bridge, Fordwich, Harbledown, Ickham, Kingston (part), Littlebourne, Lower Hardres, Patrixbourne, Petham (part), Upper Hardres, Wickhambreux.

Bromley.—Cudham, Downe, Farnborough, Hayes, Keston, Knockholt, Mottingham, St. Mary Cray, St. Paul's Cray, West Wickham.

Cranbrook.—Benenden, Cranbrook, Frittenden, Goudhurst.

Dartford.—Ash, Darenth, Eynsford, Farningham, Fawkham, Hartley, Horton Kirby, Longfield, Ridley, Southfleet, Stone, Sutton-at-Hone, Wilmington.

Dover.—East Langdon, Ringwould, West Langdon, Whitfield.

Eastry.—Ash, Betteshanger, Eastry, Ripple, Sutton, Waldershare, Westmarsh, Worth.

Elham.—Lyminge, Lympne, Monkshorton, Stelling, Stanford.

Faversham.—Badlesmere, Buckland, Davington, Doddington, Dunkirk, Eastling, Faversham Without, Hernhill, Leaveland, Luddenham, Lynsted, Newnham, North Preston Without, Norton, Oare, Ospringe, Sheldwich, South Preston Without, Stone, Teynham, Throwley.

Hollingbourn.—Boxley, East Sutton, Frinsted, Harrietsham, Hollingbourn, Langley, Leeds, Lenham, Sutton Valence, Thurnham, Wormshill.

Hoo.—Allhallows, Grain, High Halstow, Hoo, St. Mary Hoo, Stoke.

Maidstone.—Bearsted, Boughton Monchelsea, Marden, Nettlestead, Otham, Staplehurst, Teston.

Malling.—Addington, Birling, East Malling, East Peckham, Ightham, Leybourne, Mereworth, Offham, Ryarsh, Shipbourne, Snodland, Stansted, Trottiscliffe, Waterringbury, West Malling, West Peckham.

Milton.—Bapchild, Kingsdown, Milsted, Murston, Rodmersham, Tonge.

Romney Marsh.—*None.*

Sevenoaks.—Brasted, Chiddingstone, Chevening, Cowden, Edenbridge, Hever, Lyghe, Penshurst, Seal, Shoreham, Sundridge, Weald, Westerham.

Sheppey.—*None.*

Strood.—Chalk, Cobham, Frindsbury Extra, Higham (part), Luddesdown, Meopham, Nursted, Shorne, Strood Extra.

Tenterden.—Biddenden, High Halden, Rolvenden, Stone-cum-Ebony, Wittersham, Woodchurch.

Thanet.—Minster, Monkton, St. Nicholas-at-Wade, Sarre.

Tonbridge —Brenchley, Capel, Hadlow, Hildenborough, Horsmonden, Lamberhurst, Matfield, Pembury, Speldhurst.

CANCER.—The following tabulation shows the mortality from cancer recorded in Kent during the past fifteen years :—

Kent.	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
URBAN.															
No. of Deaths	765	783	798	842	906	851	849	923	903	929	1029	988	1093	1094	1132
Death-rate ...	1·08	1·09	1·10	1·14	1·33	1·17	1·19	1·31	1·27	1·26	1·36	1·30	1·43	1·41	1·46
RURAL.															
No. of Deaths	327	324	360	348	359	357	372	385	354	420	400	397	413	434	448
Death-rate ...	1·05	1·05	1·14	1·11	1·19	1·12	1·19	1·23	1·16	1·38	1·26	1·24	1·28	1·32	1·36
TOTAL.															
No. of Deaths	1092	1107	1158	1190	1265	1208	1221	1308	1257	1349	1429	1385	1506	1528	1580
Death-rate ...	1·07	1·08	1·11	1·13	1·29	1·16	1·19	1·28	1·23	1·29	1·33	1·28	1·38	1·38	1·43
England and Wales.															
Death-rate ...	0·99	1·02	1·06	1·06	1·12	1·16	1·21	1·21	1·14	1·16	1·21	1·22	1·26	1·29	1·33

Table 16 sets out the average annual death-rates from cancer in each sanitary district in the county of Kent, arranged in diminishing sequence ; and the age and sex distribution of deaths from the same disease, during the past ten years, is as follows :—

All ages.				0-1.	1-2.	2-5.	5-15.	15-25	25-45	45-65	65 up- wards.
1916.	{	M. ...	535	...	...	2	2	2	26	223	280
		F. ...	673	...	...	...	1	3	64	278	327
1917.	{	M. ...	536	...	1	...	2	2	28	223	280
		F. ...	685	...	...	2	2	...	80	311	290
1918.	{	M. ...	568	...	1	...	3	1	23	257	283
		F. ...	740	...	...	1	...	1	62	320	356
1919.	{	M. ...	524	...	...	...	...	1	21	239	263
		F. ...	733	...	1	...	1	6	63	332	330
1920.	{	M. ...	604	...	...	1	3	6	44	244	306
		F. ...	745	...	...	...	1	3	77	320	344
1921.	{	M. ...	637	...	...	1	...	3	31	293	309
		F. ...	792	1	2	...	1	4	85	335	364
1922.	{	M. ...	634	...	...	1	1	3	26	285	318
		F. ...	751	...	...	...	1	6	75	317	352
1923.	{	M. ...	662	...	...	...	1	5	27	285	344
		F. ...	844	1	...	3	1	1	86	351	401
1924.	{	M. ...	708	...	...	2	4	9	37	293	363
		F. ...	820	...	...	...	2	4	61	350	403
1925.	{	M. ...	737	...	...	2	3	1	32	298	401
		F. ...	843	...	..	...	1	1	73	330	438

The facts must be faced that in our county of Kent during the past ten years the deaths from cancer reached a total of 13,771, and that in the year under review one person in every 703 succumbed to this disease. They are grim facts. Almost every year sees an increase in the death-rate resulting from the blows of this “Red Slayer,” which must now be looked upon as, in reality, the worst of the killing diseases, since only the broader heading of “heart disease” accounted for more deaths. It is unnecessary to dwell upon the significance of the figures quoted above and those set out in the tables. Let one simple illustration suffice—the deaths from cancer in Kent each year are more than equivalent to the destruction of the whole population, man, woman and child, of the borough of New Romney.

TABLE IV.—**Cancer Death Rates** in each Sanitary District in the County of Kent, arranged in diminishing sequence.

DISTRICT.	Average yearly death-rate of 1908-1925.	Death-rate, 1908.	Death-rate, 1924.	Death-rate, 1925.	DISTRICT.	Average yearly death-rate of 1908-1925.	Death-rate, 1908.	Death-rate, 1924.	Death-rate, 1925.
Tunbridge Wells Borough	1.70	1.35	1.64	2.26	Chislehurst Urban	0.91	0.62	1.00	1.31
Whitstable Urban	1.58	1.02	1.86	1.76	Gillingham Borough	0.91	0.62	1.04	1.07
Herne Bay Urban	1.55	1.02	1.67	1.82	Erith Urban.....	0.89	0.52	1.03	1.25
Ramsgate Borough	1.52	1.25	1.97	1.81	Cheriton Urban	0.73	0.75	1.58	0.52
Deal Borough	1.52	0.94	2.13	2.45	Queenborough Borough ...	0.69	1.00	0.62	1.25
Southborough Urban	1.51	1.57	1.98	2.28	Crayford Urban	—	—	1.94	0.69
Broadstairs & St. Peter's Urban	1.45	1.86	1.95	1.66	All Urban Districts ..	1.20	0.89	1.41	1.46
Sevenoaks Urban	1.42	1.07	1.20	1.42	Ashford, West.....	1.55	1.22	1.41	1.92
Folkestone Borough	1.34	0.85	1.62	1.79	Hollingbourn	1.45	0.24	1.65	1.50
Margate Borough	1.31	1.09	1.70	1.54	Cranbrook	1.41	1.30	1.71	2.01
Sidecup Urban	1.31	1.19	1.35	1.19	Elham	1.41	1.31	2.11	1.35
Ashford Urban	1.30	0.76	1.59	1.74	Ashford, East	1.31	1.12	1.31	1.38
Bromley Borough ..	1.29	0.99	1.65	1.27	Bromley	1.29	1.77	1.65	1.60
Faversham Borough	1.28	1.08	1.58	1.40	Tonbridge.....	1.27	1.29	1.56	1.27
Penge Urban	1.27	0.92	1.45	1.39	Bridge	1.25	0.39	1.87	2.03
Maidstone Borough.....	1.25	0.95	1.30	1.40	Sevenoaks.....	1.22	1.13	1.29	1.37
Beckenham Urban	1.24	0.94	1.56	1.33	Maidstone	1.20	0.79	1.46	1.64
Hythe Borough	1.23	1.44	0.83	2.18	Faversham	1.15	1.27	1.33	1.54
Tenterden Borough.....	1.23	0.00	0.93	1.27	Blean.....	1.14	0.84	1.15	1.15
Dover Borough	1.20	0.93	1.23	1.93	Malling	1.13	0.78	1.31	1.36
Gravesend Borough.....	1.20	0.90	1.41	1.26	Dover	1.11	0.49	0.59	0.70
Wrotham Urban.....	1.20	0.77	1.87	1.16	Eastry	1.11	0.90	1.05	1.12
Walmer Urban	1.18	0.33	1.97	2.28	Tenterden.....	1.11	1.03	2.20	1.37
Sandwich Borough	1.16	0.32	0.64	1.90	Milton	1.06	0.83	1.69	2.01
Rochester City.....	1.15	0.77	1.39	1.44	Romney Marsh	1.03	0.79	0.96	1.28
Bexley Urban ..	1.14	0.77	1.40	1.64	Thanet	1.01	0.55	1.26	0.76
Tonbridge Urban.....	1.14	0.74	1.39	1.45	Strood	0.97	0.91	0.90	1.01
Sandgate Urban	1.11	0.00	0.78	0.73	Dartford	0.93	0.61	0.73	1.02
Chatham Borough	1.06	0.84	1.48	1.15	Hoo	0.93	0.97	1.28	0.64
Milton Regis Urban	1.04	0.64	0.79	1.98	Sheppey	0.74	1.22	0.76	0.74
Sittingbourne Urban	1.04	0.66	1.03	0.72	All Rural Districts ...	1.16	0.94	1.32	1.36
Northfleet Urban ..	0.99	0.50	0.66	0.66	All Urban Districts	1.20	0.89	1.41	1.46
Lydd Borough.....	0.96	0.36	0.76	0.73	Whole County	1.19	0.90	1.38	1.43
Sheerness Urban	0.95	0.69	0.98	1.60					
Dartford Urban	0.92	0.62	1.22	1.11					
New Romney Borough ...	0.92	1.51	2.03	<i>Nil</i>					

BRITISH EMPIRE CANCER CAMPAIGN.—In my last annual report I referred to the activities of this body from its formation in 1923. At the end of 1925, a meeting was convened by the Marquess Camden, for the purpose of forming a Kent Branch of the Campaign. Many influential persons were present, and the Kent Branch was inaugurated with the following officers and Committee:—

President—The Most Hon. The Marquess Camden.

Vice-President—Sir Coles Child, Bt.

Hon. Treasurer—Gerald B. Mercer, Esq.

County Organiser—The Secretary of the Kent Rural Community Council.

I was appointed to serve as Chairman of an Executive Committee, consisting of the following members:—

Geo. Cursons, Esq.

Guy Ewing, Esq.

Percy Manwaring, Esq.

J. H. Yolland, Esq., M.D., C.B.E.

Charles Igglesden, Esq.

Frank Brightman, Esq., O.B.E., M.R.C.S., J.P.

Mrs. Coombe Baker.

Miss Babington.

Mrs. Pond.

The object of the County Committee is general organisation and supervision, and the formation of sub-committees in towns and districts; while the objects of such sub-committees would be the diffusion of knowledge as regards the cancer problem; information as to the work being carried out; the aims and objects of the British Empire Cancer Campaign; and the collection of funds for the purposes of furthering research work on the cause, prevention and cure of cancer. The campaign will be developed through a series of county meetings and the Committee hope to enlist the services of volunteers to extend the districts organization.

PUBLICITY IN KENT.—In my last annual report, I referred to the public lectures which I have delivered upon the subject of cancer, in various towns in Kent. I continued this work during 1925, by lectures at Bromley on February 2nd, at Sevenoaks on February 19th, and at Maidstone on February 25th. As in the previous year, these lectures, illustrated by lantern slides and framed in simple language, have proved a great attraction and large audiences were addressed.

I have previously drawn attention to the close association between long-continued irritation and cancer, and also to the great importance of seeking medical advice as soon as any signs or symptoms show themselves. The disease may often be eradicated successfully if operative measures are taken in time.

A recent report on cancer of the breast by Dr. Janet Lane-Claypon, issued by the Ministry of Health, proves that the incidence of cancer of the breast is affected by sexual activity. It is more prevalent in unmarried than in married women, and among the married it is least common in the most fertile. Normal lactation seems to be a preventative of cancer of the breast. The theories regarding the origin of cancer are many and in their very multiplicity is revealed the ignorance surrounding this subject. The recent brilliant researches of Gye and Barnard have thrown some light upon the problem, but research has not as yet revealed any methods by which this scourge can be prevented definitely.

VENEREAL DISEASES.

The following is a list of the Kent county clinics.—

Location of Clinic.	Days and Times of Consultations.	Days and hours for Irrigation.	Medical Officers in Charge.
Kent and Canterbury Hospital, Canterbury	Men Thursdays 6 p.m. Women Tuesdays 6 p.m.	Women Daily, 9.30 a.m.	Drs. H. S. Wachter and E. D. Whitehead Reid.
West Hill, Dartford	Men { Mondays 4.30 p.m. to 6.30 p.m. { Wednesdays 5 p.m. ,, 6 p.m. Women Tuesdays 4 p.m. ,, 6 p.m.	Men Daily, except Sat. & Sun., 6 to 7 p.m. Women Mon., Wed., Thurs. & Fri., 2 to 5 p.m. Tues., 2 to 5.30 p.m.	Drs. M. W. Renton and C. M. Ockwell
Royal Victoria Hospital, Dover	Men { Mondays 8 p.m. { Thursdays 4 p.m. Women { Mondays 8 p.m. { Thursdays 4 p.m.	Men & Women Daily (exc. Sun.) by arrangement.	Dr. T. J. Cobbe
Royal Victoria Hospital, Folkestone	Men Fridays 7.30 p.m. ,, 9.30 p.m. Women Mondays 3.30 p.m. ,, 5.30 p.m.	Men Daily, except Sun., 6.30 to 7.30 p.m.	Dr. W. C. P. Barrett
Bartholomew's Hospital Rochester	Men { Tuesdays 5.30 p.m. ,, 7 p.m. { Thursdays 5.30 p.m. ,, 7 p.m. Women { Thursdays 3 p.m. ,, 5 p.m. { Fridays 11 a.m. ,, 1 p.m.	Women by appt. Men Tues. & Thu., 5 to 5.30 p.m., Sat. 1.30 to 3.30 p.m.	Dr. H. H. Cotman
General Hospital, Tunbridge Wells	Men Fridays 3 p.m. Women Wednesdays 5 p.m.	Women by appt.	Drs. R. W. Ranking and F. B. Manser
Barrow Hill Place, Ashford	Men Tuesdays 5.30 p.m. ,, 6.30 p.m. Women Tuesdays 4.30 p.m. ,, 5.30 p.m.	Men Mon. to Fri., 6.30 to 8 p.m.	Dr. C. M. Ockwell
Albion Terrace, Maversham	Men Thursdays 5.30 p.m. ,, 6.30 p.m. Women Thursdays 4.30 p.m. ,, 5.30 p.m.	Women Daily by appointment	Dr. C. M. Ockwell
Cobham Street, Gravesend	Men Thursdays 4.30 p.m. ,, 6.30 p.m. Women Thursdays 2.30 p.m. ,, 4.30 p.m.	Men Mon. to Fri., 6.30 to 7.30 p.m., Sun. by arrange. Women Daily (except Wed. & Sun.) 2.30 to 3.30 p.m.	Dr. H. Nicol
The House, St. Peter's Road, Margate	Men Wednesdays 5.30 p.m. ,, 6.30 p.m. Women Wednesdays 4.30 p.m. ,, 5.30 p.m.	Men Mon. to Fri., 6.30 to 8 p.m.	Dr. C. M. Ockwell
Alma Road, Sheerness	Men Fridays 5.30 p.m. ,, 6.30 p.m. Women Fridays 4.30 p.m. ,, 5.30 p.m.	Men Daily by arrangement	Dr. C. M. Ockwell

No additional clinics have been established during the past five years.

The clinics at Ashford, Faversham, Gravesend, Margate and Sheerness are under direct county administration, and the other clinics are held at hospitals by agreement with the hospital committees concerned. At each of the county clinics (except Faversham) there is a resident male orderly, and a nurse visits each clinic during the women's sessions.

The Kent County Council are also participants in the London and Home Counties scheme, which provides treatment at twenty-five London hospitals. Several of these hospitals have "all day" clinics.

The following are particulars of the work carried out during 1925 :—

TABLE 17.
RETURN FOR THE COMBINED KENT CLINICS.

(1) Number of persons who, on 1st January, 1925, were under treatment or observation for :—							Males.		Females.
Syphilis	...	.	...	...	...	...	453	...	283
Soft chancre	...	...	.	...	...	...	—	...	—
Gonorrhœa	...	...	...	..	...	...	379	...	69
Conditions other than venereal	...	...	...	..	...	...	8	..	5
Total	...	..	...	...	...	...	840	...	357
(2) Number of persons dealt with during the year, at, or in connection with, the out-patient clinics for the first time and found to be suffering from :—									
Syphilis only	...	...	...	...	...	...	202	...	108
Soft chancre only	...	...	...	...	..	...	1	..	—
Gonorrhœa only	...	...	...	...	...	...	293	...	71
Syphilis and soft chancre	...	...	...	...	...	...	—	...	—
Syphilis and gonorrhœa	...	...	...	...	...	...	4	...	1
Gonorrhœa and soft chancre	..	...	...	...	...	...	—	..	—
Syphilis, soft chancre and gonorrhœa	..	...	...	...	...	...	—	...	—
Conditions other than venereal	...	...	...	...	...	...	103	...	87
Total	...	...	...	...	...	...	603	...	267
(3) Number of persons who ceased to attend the out-patients' clinics :—									
(a) Before completing a course of treatment for :—									
Syphilis	..	...	...	...	..	...	71	...	41
Soft chancre	...	...	...	...	...	...	—	...	—
Gonorrhœa	...	...	..	...	...	...	85	..	29
Conditions other than venereal	...	...	...	...	...	...	—	...	—
Total	..	..	...	...	...	...	156	...	70

TABLE 18. Summary of work at separate clinics during 1925, with a comparison of similar total figures for the previous four years.

Institution.	Patient Days.	New Patients.				Attendances.				In-Patient Treatment.		Patients discharged, including transfers.	Still under Treatment.	Arseno-benzol compounds.	
		Gonorrhoea.	Syphilis.	Soft Chancre.	Not Venereal Disease.	Gonorrhoea.	Syphilis.	Soft Chancre.	Not Venereal Disease.	Patients.	Days.			Patients.	Doses.
Ashford...	47	12	12	—	4	253	263	—	8	—	—	24	20	22	121
Canterbury	102	4	13	—	20	44	295	—	11	—	—	18	68	42	145
Dartford..	156	24	15	—	31	2422	410	—	31	—	—	58	56	68	267
Dover ...	101	16	34	—	30	659	732	—	58	7	96	62	80	146	542
Faversham	46	7	5	—	8	81	157	—	20	—	—	38	28	14	62
Folkestone	101	19	15	—	14	866	175	—	28	—	—	50	22	34	114
Gravesend	65	80	79	—	5	2609	1119	—	11	—	—	148	106	265	680
Margate	49	30	20	—	21	1198	740	—	34	—	—	112	59	46	376
Rochester	210	146	97	1	13	6229	3418	18	76	6	122	308	610	391	855
Sheerness	44	6	2	—	4	402	114	—	4	—	—	30	17	7	29
Tunbridge Wells	104	25	23	—	40	239	268	—	54	3	41	87	61	37	67
Totals.. 1925	1025	369	315	1	190	15002	7691	18	335	16	259	935	1127	1072	3258
London Hospitals } 1925	?	203	143	3	152	7933				?	3349	?	?	?	1010
Kent Hospitals															
1921	1399	469	456	12	279	8628	7891	111	577	17	284	927	1241	1105	3821
1922	1280	332	385	5	242	9299	6739	36	462	14	477	765	1434	890	2971
1923	1158	300	308	4	242	10555	6270	25	380	10	296	847	1055	839	2927
1924	1084	357	282	3	221	10597	5921	21	415	22	466	795	1158	697	2748
London Hospitals															
1921	?	177	162	6	97	7381				?	2311	?	?	?	1296
1922	?	156	145	1	98	7741				?	3589	?	?	?	997
1923	?	184	135	4	109	7556				?	2360	?	?	?	1011
1924	?	196	133	4	125	7867				?	2784	?	?	?	631

Twenty-three Kent patients were admitted to London hostels during the year 1925, aggregating 2,229 days in residence.

The numbers of new patients (syphilis and gonorrhœa) showed a steady diminution during the years 1921, 1922 and 1923, but increased again during 1924 and 1925. The 687 cases in the latter year, is an increase of forty-eight over 1924. More patients are evidently taking advantage of clinic facilities, although I think there is no doubt a fair diminution in these diseases of recent years as the figures of 1327 new cases in 1920 and 925 in 1921, will indicate.

There is also a steady increase in the number of attendances per patient, the figures for the last five years being: 1921 seventeen, 1922 twenty-two, 1923 twenty-seven, 1924 twenty-six, and 1925 thirty-three.

The provision of approved "arsenobenzol" compounds to medical practitioners producing satisfactory evidence of experience in the administration of these drugs is undertaken direct from the County Health Department. My office index contains the names of one hundred accredited practitioners, and during the year 3,864 doses were supplied, namely, 496 to private doctors and 3,368 to medical officers of treatment centres.

The number of patients under the care of private doctors for whom these substitutes were supplied during the year was seventy-three. The figure for 1924 was sixty-seven, for 1923 seventy-three, for 1922 eighty-seven, and for 1921 fifty-eight.

In cases where patients cannot receive the treatment required unless travelling expenses are paid the County Council defrays the cost. The fares of six patients were paid during 1925. Similar figures for the previous four years were 1924 seven, 1923 nine, 1922 seventeen and 1921 twenty-four.

Examinations of pathological specimens for the detection of spirochaetes and gonococci and tests for the Wassermann re-action are undertaken at the bacteriological laboratory attached to the County Medical Officer's Department. The numbers of examinations carried out during the past five years have been as follows:

					1921	1922	1923	1924	1925
For the detection of spirochaetes	{	For treatment centres			24	16	8	6	6
		„ practitioners			10	9	8	8	6
„ „ gonococci	{	„ treatment centres			411	350	273	336	480
		„ practitioners			165	189	186	142	202
„ Wassermann re-action	{	„ treatment centres			1206	1101	942	845	820
		„ practitioners			617	558	790	762	823
Other examinations	...	...	...	..	...	66	56	56	64
Totals	...	...	...	...	...	2499	2279	2263	2421

The publicity arrangements, so far as lectures and display of suitable films are concerned, are undertaken by the British Social Hygiene Council, and their activities included lectures at the following centres during 1925 :— Ashford, Bexley Heath, Bromley, Dartford, Erith, Gravesend, Maidstone, Margate, Tunbridge Wells.

Notices giving information as to places and times of clinics are posted in public conveniences throughout the county, and the County Medical Officer periodically communicates with each medical practitioner in the county giving particulars of all county health activities, including full information as to the facilities under the venereal diseases scheme. I have no reason to believe that the full co-operation of medical practitioners in the county has not been given.

During 1925 the experiment was made of removing a V.D. clinic from a hospital to a building shared with the tuberculosis clinic. The reasons for trying this experiment were, that the accommodation at the hospital was inadequate, no facilities were available for intermediate treatment, the standard of treatment was not considered good, and the attendance of patients was poor. The experiment met with instant success. In the first *quarter* not only the attendances, but the number of new cases exceeded the numbers for the previous *year* at the hospital. Intermediate treatment was instituted for both men and women, and the medical officer must be given great credit for the enthusiasm and energy, which he gave, and is giving, to the work of developing the clinic. This experiment has been a complete refutation of the assertions, that patients prefer attending clinics in hospitals to *ad hoc* clinics owing to danger of publicity, for here we have had better attendances at the *ad hoc* clinic than at the hospital and it goes to shew that the quality of treatment, (and patients are very good judges), is the main factor in persuading patients to attend.

The general standard of treatment of syphilis in the clinics in the county is, I consider, with one or two exceptions, good. The exceptions, in my opinion, do not give a sufficient amount of salvarsan, preferring to rely on one of the older methods of treatment. Our own view is that the course of treatment recommended by Harrison is the best, but we have not succeeded in getting all the medical officers of clinics to adopt it although the majority have done so.

The standard of treatment of gonorrhœa varies. For men on the whole, where intermediate treatment is available, it is good, but there are still too many patients who fail to attend till tests of cure are completed. This entails assiduous work on the part of the medical officer to impress patients with the dangers not only to themselves, but to others, of uncured disease. Unfortunately it is so often a Sisyphean task to convince the patient, who has no

visible signs of disease, that he or she is still infectious. There is room for improvement in the treatment of gonorrhœa in many of the clinics, provision of better facilities for intermediate treatment, and provision of beds for those with complications. Often the fact that no bed is available for a patient with some complication considerably prolongs the period of infectivity.

The above remarks about the treatment of male gonorrhœa apply much more strongly to the treatment of females. The facilities, generally speaking, for the intermediate treatment of females are deficient. A more extensive use of the cubicle system would help this, for where only one room and one nurse are available the time occupied in dealing with each patient militates against regular attendance. More beds are also required for the treatment of these cases. When it is remembered that 50% of cases of blindness in infants and 20 % of blindness of children of school age are due to gonorrhœa, and as all but a negligible proportion of these are infected during birth, surely every endeavour should be made by adequate *ante partum* treatment to prevent infection reaching the child's eyes. Prophylactic treatment of children's eyes after birth has undoubtedly been of considerable service in reducing the incidence of gonorrhœal ophthalmia, but I am of the opinion, that in addition, more attention directed towards *ante partum* treatment of the mother would still more reduce the incidence of blindness, not only this but probably a considerable effect on the incidence of puerperal fever would be obtained for latent or active gonorrhœa is often a considerable factor in the production of this state.

In conclusion I would like to express my thanks to the nurses and attendants at my clinics for the capable and sympathetic way they have performed their duties.

It had been hoped to establish an additional clinic, viz. at Maidstone, but this has not yet proved possible. The matter is one, however, for future consideration.

PATHOLOGICAL LABORATORIES.

The present report, which the Ministry of Health requires should take the form of a general survey of the past five years, would seem to offer a fitting opportunity for describing the development of the county pathological laboratory, its position in public health activities in the county, and various details of its administration, together with a brief account of the work undertaken.

Very strong arguments can be brought forward in favour of establishing a central pathological laboratory administered by the county authority, for an area and population such as that of Kent. It will be conceded generally that facilities for pathological investigations are an essential feature in any organization which aims at the detection and the prevention of infectious

diseases. In different parts of England it is found that arrangements for such facilities vary considerably. In some districts, it is left to the doctor to carry out his own examinations or to have them carried out at one of the hospitals or universities or commercial laboratories at his own or patient's expense. In other districts the medical officer of health or one of his staff carry out certain examinations in connection with infectious diseases, or again the local authority may have entered into an arrangement with some university or commercial laboratory by which medical practitioners and medical officers of health can have the necessary examinations made.

Such arrangements as these must have several points of inferiority when compared with a central county laboratory such as that which has been established at Maidstone, for the following reasons:—

1. There is sufficient work to employ a whole-time pathologist who should be capable of undertaking all ordinary forms of pathological investigation.
2. All the pathological work of a large population is focussed at a central point, with the result that the county medical officer and the district medical officers of health are in touch with outbreaks of disease immediately they occur.
3. The services of an expert pathologist are always available for making investigations, locally, into the cause of outbreaks.
4. It serves as a valuable factor in welding together the work of medical practitioners, district medical officers of health and county medical officer, in dealing with infectious and preventable disease.
5. Properly conducted, it is a very economical arrangement.

Though insisting on the desirability of the establishment of a large central laboratory, it may be granted that in suitable areas and under certain conditions, small subsidiary laboratories are useful. At such laboratories where the work is carried out by the district medical officer of health, the more straightforward examinations, not needing much time or elaborate material, can be carried out with the advantage that results are obtained more quickly through there being no need to forward specimens by post. Such laboratories can work in close co-operation with the central laboratory, even to the extent of being supplied by the latter with outfits, media and other materials. The Medical Officers of Health of Beckenham, Tunbridge Wells, Ramsgate and Sheerness carry out examinations of this kind in their own small laboratories. For other districts in Kent all work is carried out at the central laboratory at Maidstone.

The Kent County Pathological Laboratory was established in 1911 with the intention in the first place of carrying out simple bacteriological examinations for district medical officers of health. The extent of the work has increased both in the number of specimens examined and the variety of work

undertaken, until at the present time almost every kind of pathological work is accepted at Maidstone. Moreover, medical practitioners are now supplied with a set of outfits for sending specimens direct to the laboratory and these outfits are replaced as used. Though the great majority of the present work is in connection with infectious diseases, it has not been found practicable to refuse other pathological work, much of which often lies on the border line of curative and preventive medicine.

The work undertaken may be summarised as follows :—

1. Diphtheria. Examination of swabs from acute cases by direct examination and culture.
Cultivation from contact cases and patients awaiting discharge from hospital.
Testing virulence of organism in case of “carriers.”
Swabbing of large numbers of children in schools when required, to detect “carriers.”
2. Typhoid and paratyphoid fevers, dysentery. Widal examinations of serum, cultivations for organisms from blood, faeces, urine.
Tracing of “carriers” and other investigations into the cause of outbreaks.
3. Tuberculosis. Examinations of sputum, pus, other fluids and tissues.
4. Hairs for ringworm, &c.
5. Cerebro-spinal meningitis and other affections of the cerebro-spinal fluid.
6. Urine. Chemical, cytological and bacteriological examinations.
7. Pus. Bacteriological examinations.
8. Venereal Diseases—
 - (a) Gonorrhœa. Examinations of pus, urine, cultivations.
 - (b) Syphilis. Examinations for spirochæta.
Wasserman reactions on serum and cerebrospinal fluid.
Tests for globulin and Lange’s gold chloride test.
9. Histological examinations of tissues, tumours, &c. with supply of sections if required.
10. Blood examinations. Blood counts; Malaria, &c., estimation of sugar in diabetes.
Blood cultures.
11. Food Supplies—
 - (a) Milk. Government and certified standards. Presence of tubercle bacilli.
Enumerations of organisms.
 - (b) Meat. Suspected disease, &c.
12. Water supplies. Bacteriological examinations.
13. Preparation of autogenous vaccines.

TABLE 19.—Analysis of Work carried out in the County Bacteriological Laboratories during 1925

DISTRICT.	Number of Doctors sending in Specimens.	DIPHTHERIA.				TYPHOID FEVER.			PHTHISIS.			RINGWORM. Number of Examinations.	WATERS. Number of Examinations.	VARIOUS. Number of Examinations.	TOTAL Number of Examinations.
		Number of examinations made.		Number of Notifications.	Number of Examinations per Notification.	Number of Examinations.	Number of Notifications.	Number of Examinations per Notification.							
									Acute Stage.	Convalescent Stage.	Contacts.					Total.

URBAN DISTRICTS.																	
Ashford ...	...	10	38	4	8	50	3	16.7	3	—	—	61	22	2.8	9	41	164
Beckenham ...	...	2	3	—	—	3	11	0.3	2	0.4	3	39	39	0.1	—	14	22
Bexley ...	...	11	34	2	21	57	16	3.6	2	—	63	32	32	2.0	18	24	164
Broadstairs ...	...	10	108	35	363	506	18	28.2	6	2	276	32	32	8.7	2	33	825
Bromley (Borough)	...	23	143	4	21	168	17	9.9	3	—	117	38	38	3.1	4	12	304
Chatham (Borough)	...	14	49	4	7	60	47	1.3	10	4	146	68	68	2.2	24	5	245
Cheriton ...	...	5	1	1	—	2	1	2.0	—	—	25	15	15	1.7	—	—	27
Chislehurst ...	...	10	30	1	3	34	2	17.0	—	—	14	16	16	0.9	—	1	53
Crayford ..	...	8	59	18	96	173	33	5.3	2	2	28	30	30	1.0	4	7	214
Dartford ...	...	12	108	34	95	237	37	6.5	1	1	102	44	44	2.4	11	43	394
Deal (Borough)	...	6	7	—	1	8	1	8.0	3	1	46	18	18	2.6	—	26	83
Dover (Borough)	...	17	72	6	127	205	20	10.3	6	1	174	87	87	2.0	62	65	514
Erith ...	...	12	113	66	262	441	87	5.1	2	1	123	62	62	2.0	—	6	572
Faversham (Borough)	...	5	13	2	3	18	4	4.5	1	—	39	13	13	3.0	—	13	71
Folkestone (Borough)	...	17	193	22	34	249	29	8.6	12	2	133	54	54	2.5	10	114	518
Gillingham (Borough)	...	17	52	7	14	73	18	4.1	9	2	152	60	60	2.6	22	27	285
Gravesend (Borough)	...	15	442	83	481	1006	213	4.8	3	—	94	23	23	4.1	76	1	1180
Herne Bay ...	...	10	31	—	—	31	—	—	3	—	45	12	12	3.8	21	15	119
Hythe (Borough)	...	6	17	—	—	17	1	17.0	—	—	23	10	10	2.3	6	10	56
Lydd (Borough)	...	4	1	1	—	2	—	—	—	—	6	8	8	0.8	—	—	8
Maidstone (Borough)	...	20	173	2	96	271	22	12.4	29	4	116	59	59	2.0	38	352	807
Margate (Borough)	...	17	192	140	420	752	67	11.3	3	1	61	75	75	0.9	6	28	850
Milton Regis ...	...	7	13	—	19	32	4	8.0	4	1	17	13	13	1.4	—	—	53

(Table 19 continued.)—Analysis of Work carried out in the County Bacteriological Laboratories.

DISTRICT.	Number of Doctors sending in specimens.	DIPHTHERIA.				TYPHOID FEVER.			PHTHISIS.			RINGWORM. Number of Examinations.	WATERS. Number of Examinations.	VARIOUS. Number of Examinations.	TOTAL Number of Examinations.	
		Number of examinations made.		Number of Notifications.	Number of Examinations per Notification.	Examinations.	Number of Notifications.	Number of Examinations per Notification.	Number of Examinations.	Num.ber of Notifications	Number of Examinations per Notification.					
		Acute Stage.	Convalescent Stage.	Contacts.	Total.											
Malling ...	113	10	91	214	43	5.0	5	1	5.0	71	31	2.3	13	—	78	381
Milton ...	38	—	21	59	10	5.9	3	1	3.0	56	23	2.5	—	—	3	121
Romney Marsh ...	14	—	—	14	—	—	1	—	—	12	2	6.0	1	1	25	54
Sevenoaks ...	63	1	13	77	7	11.0	6	1	6.0	40	23	1.8	27	—	28	178
Sheppey ...	1	—	—	1	1	1.0	—	—	—	11	8	1.4	1	—	—	13
Strood ...	29	—	1	30	9	3.4	4	—	—	37	15	2.5	16	—	2	89
Tenterden ...	3	—	—	3	—	—	1	2	0.5	20	10	2.0	—	—	1	25
Thanet ...	28	2	16	46	6	7.7	16	22	0.8	34	25	1.4	4	7	169	276
Tonbridge ...	53	—	24	77	11	7.0	3	2	1.5	38	17	2.3	3	—	7	128
Total in Rural Districts ...	787	78	895	1760	242	7.3	74	46	1.7	830	408	2.1	144	10	525	3343
Total Urban Districts	2375	503	2347	5225	858	6.1	169	63	2.7	2452	1141	2.2	376	45	976	9243
Total Rural Districts	787	78	895	1760	242	7.3	74	46	1.7	830	408	2.1	144	10	525	3343
Total Urban District Hospitals	82	1876	15	1973	—	—	2	—	—	43	—	—	—	—	14	2032
Total Rural District Hospitals	27	562	11	600	—	—	10	—	—	—	—	—	—	—	8	618
Total Combined Hospitals	491	2483	—	2974	—	—	6	—	—	105	—	—	1	—	44	3130
Examinations for Canterbury ...	42	8	4	54	?	?	3	?	?	62	?	?	—	3	23	145
Various County Specimens	—	—	—	—	—	*	—	—	*	1	—	*	—	—	1	2
GRAND TOTAL...	3904	5510	3272	12586	1100	11.4*	264	109	2.4*	3493	1549	2.3*	521	58	1591	18513

* Excluding those Examinations carried out for the City of Canterbury.

HOSPITAL.		Number of Examinations made.						Number of Examinations made.					
		DIPHTHERIA.						DIPHTHERIA.					
		Acute Stage.	Convalescent Stage.	Contacts.	Total.	TYPHOID FEVER.	PHTHISIS.	RINGWORM.	WATERS.	VARIOUS.	Total Number of Examinations.		
HOSPITAL.		Acute Stage.	Convalescent Stage.	Contacts.	Total.	TYPHOID FEVER.	PHTHISIS.	RINGWORM.	WATERS.	VARIOUS.	Total Number of Examinations.		
URBAN HOSPITALS.													
Ashford	...	2	8	—	10	—	—	—	—	—	10		
Bexley	...	2	8	—	10	—	—	—	—	—	10		
Cheriton	...	—	—	—	—	—	—	—	—	—	—		
Dover	...	28	121	—	149	1	43	—	—	3	196		
Erith	...	2	489	—	491	—	—	—	—	2	493		
Faversham	...	3	11	—	14	—	—	—	—	—	14		
Folkestone	...	19	153	—	172	1	—	—	—	2	175		
Gillingham	...	11	22	—	33	—	—	—	—	4	37		
Gravesend	...	1	943	—	944	—	—	—	—	—	944		
Herne Bay	...	—	—	—	—	—	—	—	—	—	—		
Lydd	...	—	—	—	—	—	—	—	—	—	—		
Maidstone	...	10	99	15	124	—	—	—	—	—	124		
Sevenoaks	...	—	15	—	15	—	—	—	—	—	15		
Southborough	...	—	7	—	11	—	—	—	—	1	12		
Tonbridge	...	4	—	—	—	—	—	—	—	—	—		
Tunbridge Wells	...	—	—	—	—	—	—	—	—	2	2		
Wrotham	...	—	—	—	—	—	—	—	—	—	—		
Totals in Urban District Hospitals		82	1876	15	1973	2	43	—	—	14	2032		
RURAL HOSPITALS.													
Ashford, East	...	—	9	—	9	1	—	—	—	—	10		
Ashford, West	...	—	—	—	—	—	—	—	—	—	—		
Blean	...	—	—	—	—	2	—	—	—	—	2		
Bridge	...	—	76	—	76	—	—	—	—	—	76		
Cranbrook	...	—	—	—	—	—	—	—	—	—	—		
Eastry	...	4	106	—	110	—	—	—	—	—	110		
Totals in Rural District Hospitals		—	—	—	—	—	—	—	—	—	—		
COMBINED HOSPITALS.													
Bromley and Beckenham Joint Hospital		1	12	—	13	2	—	—	—	—	15		
Keycol Hill Hospital, Bobbing		9	131	—	140	2	103	—	—	21	266		
Isle of Thanet Joint Hospital		464	1154	—	1618	1	2	1	—	23	1645		
St. William's Hospital, Rochester...		17	13	—	30	1	—	—	—	—	31		
Deal and Walmer Joint Hospital		—	13	—	13	—	—	—	—	—	13		
Dartford Joint Hospital...		—	1160	—	1160	—	—	—	—	—	1160		
Totals in Combined Hospitals		491	2483	—	2974	6	105	1	—	44	3130		

Soon after it was established, the laboratory began to be used extensively, and the progress made during the last fifteen years is shown in the following table. The annual total of examinations made is subject to large fluctuations resulting from the occurrence of diphtheria epidemics, and therefore the figures in the last column give the truest picture of the development of the laboratory.

Year.	Number of specimens examined of all kinds.	Number of specimens examined, less diph- theria.
1911 (3 months)	337	97
1912	4992	1505
1913	6476	2351
1914	11556	3151
1915	12663	3699
1916	12936	3605
1917	10984	4193
1918	11126	3230
1919	13037	5000
1920	19290	6909
1921	26952	7273
1922	20563	7273
1923	15325	7712
1924	15801	8795
1925	20934	8348

It will be noted that, with the exception of the war years, the development has been markedly progressive, indicating an increasing appreciation of the usefulness of the work.

As regards the financial side of the work, the following shows the total costs for the financial year 1925–26, and the sums refunded from the Ministry of Health and other sources.

Year, 1925–26.		£
Salaries .. .. .	...	1433
Establishment Charges	...	245
Drugs, apparatus and renewals	...	202
Postage and carriage	...	163
Telegrams	...	73
Printing and stationery	...	74
Various small items	..	38
Total		£2228
Deduct grants from Ministry of Health, etc.		£
Venereal Diseases	...	445
Tuberculosis	...	88
Canterbury City	...	32
Total		£565
Final charge on the County Rate ...		£1663

For this cost, 21,784 specimens were examined and reported upon (April 1st, 1925 to March 31st, 1926), averaging therefore 1·53 shillings each. When it is remembered that many of these examinations are of an elaborate nature for which up to one or two guineas are charged in a commercial laboratory, it will be realised that a properly conducted county laboratory, can be, and is, an economical institution.

TABLE 20.—Details of various specimens examined at the County Laboratory during 1925:—

(i) SPECIAL EXAMINATIONS IN CONNECTION WITH INFECTIOUS DISEASES.			
Examinations of faeces (?) Typhoid group of organisms	159		
Examinations of urine (?) Typhoid group of organisms	136		
Testing virulence of <i>B. Diphtheriae</i>	30		
Examinations of urine (?) tubercle bacilli	29		
Biological tests for tubercle bacilli in milk	25		
Examinations of faeces (?) <i>B. Dysenteriae</i>	25		
Examinations of blood films (?) malaria	24		
Examinations of pus (?) tubercle bacilli	15		
Examinations of pleural fluid (?) tubercle bacilli	10		
Examinations of cerebro-spinal fluid (?) tubercle bacilli	7		
Examinations of serum (?) <i>B. Dysenteriae</i>	7		
Examinations of faeces (?) tubercle bacilli	6		
Examinations of glands from carcasses (?) tubercle bacilli	7		
Examinations of milk (?) tubercle bacilli	5		
Examinations of urine (?) <i>B. Dysenteriae</i>	3		
Examinations of cerebro-spinal fluid (?) meningococcus	2		
Examination of nasal discharge (?) tubercle bacilli	1		
Examination of rat (?) <i>B. Pestis</i>	1		
Examination of pus (?) <i>B. Anthracis</i>	1		
Examination of cotton cake (?) <i>B. Anthracis</i>	1		
Biological test for tubercle bacilli in pus	1		
Total	495		
(ii) SPECIAL EXAMINATIONS IN CONNECTION WITH NON-INFECTIOUS DISEASES.			
Histological examinations of tissues	312		
Preparation of antogenous vaccines	93		
Bacteriological examinations of urine	109		
Microscopical	44		
Chemical	41		
General	14		
Examinations of blood films—differential count, etc.	56		
Examinations of pus (?) organisms	41		
Examinations of cerebro-spinal fluid (?) organisms	36		
Examinations of faeces (?) organisms	33		
Blood sugar tests	28		
Examinations of swabs (?) organisms	26		
Examinations of pleural fluid (?) organisms	17		
Examinations of fluids (?) organisms	13		
Examinations of sputum (?) organisms	11		
Examinations of blood cultures (?) organisms	7		
Examinations of fluids (?) pus	4		
Examinations of faeces (?) lamblia intestinalis	4		
Examinations of faeces (?) occult blood	4		
Examinations of fluids (?) nature	2		
Examinations of fluids (?) cells	2		
Examinations of films (?) vincent's angina	2		
Examinations of pus (?) actinomycosis	2		
Examination of vomit (?) acids and oppler boas bacillus ..	1		
Examinations of test meals	2		
Examination of vaginal discharge (?) nature	1		
Examination of tooth (?) organisms	1		
Examination of blood (?) streptococci	1		
Examination of synovial membrane (?) organisms	1		
Examination of nasal discharge (?) organisms	1		
Examination of vomit (?) nature	1		
Examination of renal calculus (?) composition	1		
Examination of culture (?) organisms	1		
Examination of prostatic fluid (?) organisms	1		
Examination of material (?) spermatozoa	1		
Examination of vomit (?) blood	1		
Examination of uterine serapings (?) cancer cells	1		
Microscopical examination of faeces	1		
Search for head of Tapeworm in faeces	1		
Bacteriological examination of custard powder	1		
Examinations of faeces (?) ova	2		
Examinations of stones (?) nature	2		
Bacteriological examination of ice cream	2		
Total	925		
(iii) EXAMINATIONS OF WATER, MILK, ETC.			
Bacteriological examinations of water	58		
Government examinations of graded milk	112		
Bacteriological examinations of milk (District M.O's.H.) ..	31		
" " " (Kent Milk Recording Society) ..	3		
Total	204		
Grand Total	1624		
(iv.) EXAMINATIONS CARRIED OUT IN THE SHEERNESS AUXILIARY LABORATORY (DR. W. C. D. HILLS).			
Nature of Examination.	Positive.	Negative.	Total.
Bacteriological examinations of swabbings taken from the throat in cases of suspected diphtheria	2	46	48
Bacteriological examinations of sputum from patients suspected to be suffering from phthisis	7	32	39
Microscopical examinations of hairs from children suspected to be suffering from 'ringworm'	15	10	25
Totals ...	24	88	112

TABLE 21.—Showing the numbers of specimens of each kind sent to the Laboratory for examination from the **Urban** and **Rural Districts** during the years 1912, 1923, 1924 and 1925.

Districts.	Diphtheria.				Typhoid Fever.				Phthisis.			
	1912. (First Year.)	1923.	1924.	1925.	1912. (First Year.)	1923.	1924.	1925.	1912. (First Year.)	1923.	1924.	1925.
Urban	2656 (1·8)	3920 (6·6)	4319 (6·9)	7198 (8·4)	290 (1·1)	165 (1·9)	321 (2·3)	171 (2·8)	295 (0·2)	2323 (2·0)	2400 (2·0)	2495 (2·2)
Rural.....	785 (1·6)	1833 (8·1)	1383 (10·0)	2360 (9·8)	44 (0·6)	71 (2·7)	133 (2·6)	84 (1·9)	70 (0·1)	794 (1·7)	893 (2·1)	830 (2·1)
Total..... (including Combined Hospitals, etc.)	3487 (1·8)	7515 (9·1)	7006 (9·2)	12586 (11·4)	335 (1·0)	249 (2·2)	470 (2·4)	264 (2·4)	365 (0·2)	3297 (1·9)	3452 (2·3)	3493 (2·3)

Districts.	Ringworm.				Water.				Various.				Grand Total.				Milk.		
	1912. (First Year.)	1923.	1924.	1925.	1912. (First Year.)	1923.	1924.	1925.	1912. (First Year.)	1923.	1924.	1925.	1912. (First Year.)	1923.	1924.	1925.	1914	1915 to 1924.	1925.
Urban	517	558	554	376	41	64	57	45	59	709	1337	990	3858	7739	8988	11275	44	Tuberculosis Order suspended.	25
Rural.....	168	366	217	144	13	4	18	10	7	251	473	533	1087	3319	3117	3961			
Total... (including Combined Hospitals, etc.)	685	925	771	521	54	69	80	58	66	1023	1859	1591	4992	13078	13638	18513			

NOTE.—The figures in brackets show the numbers of specimens examined per case notified (excluding Canterbury).

ADMINISTRATION OF THE MIDWIVES ACTS, 1902-1918.

The two whole-time inspectors of midwives, Miss Harrison and Miss Berry, have continued to carry out their duties in a praiseworthy manner, and visits are paid as described previously.

TABLE 22.—SHEWING THE NUMBER OF MIDWIVES PRACTISING IN THE COUNTY OF KENT IN EACH SANITARY AREA AT THE END OF 1925.

District.	Trained.	Bonâ-fide.	District.	Trained.	Bonâ-fide.	District.	Trained.	Bonâ-fide.
Urban.			<i>Urban (contd.)</i>			Rural.		
Ashford... ..	2	—	Margate ...	3	—	Ashford, East ...	4	—
Beckenham ...	5	—	Milton Regis ...	3	1	Ashford, West... ..	4	—
Bexley	9	—	New Romney ...	—	—	Blean	3	—
Broadstairs and St. Peter's ...	6	—	Northfleet ...	2	2	Bridge	4	2
Bromley	7	—	Penge	5	1	Bromley	14	—
Chatham	5	3	Queenborough ...	—	1	Cranbrook	2	—
Cheriton	5	—	Ramsgate	9	—	Dartford	14	1
Chislehurst ...	1	1	Rochester	8	2	Dover	3	2
Crayford	3	—	Sandgate	1	—	Eastry	3	—
Dartford	6	—	Sandwich	2	—	Elham	3	—
Deal	5	1	Sevenoaks	3	1	Faversham	6	1
Dover	7	—	Sheerness	4	1	Hollingbourn ...	2	—
Erith	6	—	Sideup	2	—	Hoo	2	—
Faversham	3	—	Sittingbourne ...	1	—	Maidstone	8	1
Folkestone ...	6	—	Southborough ...	3	—	Malling... ..	9	3
Gillingham ...	17	—	Tenterden	3	—	Milton	3	—
Gravesend ...	4	—	Tonbridge	2	1	Romney Marsh... ..	—	—
Herne Bay ...	2	—	Tunbridge Wells ..	8	1	Sevenoaks	12	2
Hythe	1	—	Walmer... ..	1	1	Sheppey	2	—
Lydd	2	—	Whitstable	2	—	Strood	6	—
Maidstone ...	7	1	Wrotham	2	1	Tenterden	2	1
						Thanet	4	—
						Tonbridge	13	—
				173	19			
						Rural	123	13
						Urban	173	19
						Totals	296	32
							328	

The total of 328 midwives compares favourably with the figure of 302 five years ago. There is still a shortage, as in one borough and eighty-one rural parishes no midwife is available, whilst in one urban district and twenty-six rural parishes the midwifery service is not fully adequate. Many of the unserved parishes, however, are so small and so remotely situated that it is difficult, if not impossible, to deal with them. As a matter of fact, in twenty-nine of these parishes there is a population of less than two hundred. The remaining places can be grouped into twenty-one areas, so that a midwife will be able to serve two, three or four parishes adequately.

Continued efforts are being made to provide an efficient service throughout the county, either by making grants to assist in the formation of district nursing associations or by placing subsidised midwives, with a guaranteed minimum income of £100, in districts where there is not a livelihood for a midwife from this work alone.

At the time of writing the following districts are served by subsidised midwives :—Alkham, Ewell and Swingfield; Aylesford and district; Brasted; Chelsfield; Crayford (Slades Green); Elham and Acrise; Farleigh and district; Hadlow and district; Halling and district; Borough of Hythe; Kemsing and district; Loose and Linton; Orpington; Tenterden and district; Wingham and district; Wouldham and Burham.

Grants as shown were made during the year :—

(a) To newly formed district nursing associations :—

Lympne, Stanford, Pedlinge, etc..... £40

and (b) to established associations in danger of falling through owing to lack of funds :—

East Peckham £30

Willington, Otham, Langley £20

Sutton Valence £35

Altogether the County Council have assisted financially in the formation of twenty-seven associations, including nine in the last five years, and the work of the County Nursing Association in forming new associations has been of great assistance so far as the midwifery service is concerned.

TRAINING AND SUPPLY OF MIDWIVES.—In February, 1925, the Ministry of Health issued a memorandum outlining the conditions under which grants would be made by the Ministry in aid of the training of midwives.

Up to April 1st, 1925, grants payable to recognised institutions for the training of midwives were made by the Board of Education. Such grants were at the rate of £20 for each trainee, and the training consisted of a four months' course for trained nurses and six months' for other students. The Kent Education Committee provided scholarships to enable midwives in the county to be trained, and a number of these scholarships were taken advantage of annually by the Kent County Council and the Kent County Nursing Association.

As from the above date the grants to institutions became payable by the Ministry of Health, and the Kent Education Committee's scholarship scheme terminated.

The period of training approved by the Central Midwives Board has now been extended to twelve months in the case of students other than trained nurses, and to six months in the case of trained nurses. The Ministry of Health grant is £35 for the former and £20 for the latter.

The grants enable the training institutions to reduce correspondingly their normal charges for the training.

Each student trained must declare in writing her intention to practise as a midwife.

The Ministry are also prepared to approve of contributions being made by a county council to the County Nursing Association (or to other bodies in districts not covered by the County Nursing Association) in respect of the provision of trained midwives. The County Council have therefore decided to make a grant of £10 in respect of any midwife appointed to fill a vacancy, and a grant of £17 in respect of the provision of a midwife for an area hitherto unprovided for. These contributions take the place of the assistance previously given in the form of the Education Committee's Midwifery Scholarships. Two £17 grants and eleven of £10, were made in 1925.

The County Council meet the cost of the training fees of candidates to be placed in districts in which there is no association, and a midwifery outfit is provided where the midwife is unable to furnish this herself.

The scholarship scheme of the Kent Education Committee, above referred to, has been of great assistance, and since January, 1921, forty-four midwives have been trained thereunder, twenty-three for the County Nursing Association and twenty-one for the County Council.

WORK OF MIDWIVES.—The following tabulation shows various details respecting the numbers of midwives, notifications received, &c., during the first two years of county administration, and each of the last five years :—

	1909 (from May 1)	1910	1921	1922	1923	1924	1925.		Total
							North and West. Miss Harrison.	South and East. Miss Berry.	
Number of Midwives practising in the County on January 1st	351	361	302	312	318	316	190	128	318
Removed during year ..	16	15	43	67	58	42	40	14	54
Died	6	8	6	1	—	—	—	1	1
Resigned	7	13	2	8	5	8	5	—	5
Certificates cancelled by Central Midwives Board during the year	—	8	—	—	—	—	—	—	—
Number of additional Midwives who notified their intention to practise in the County during the year	39	24	61	82	61	52	43	27	70
Number of Midwives practising on December 31st	361	341	312	318	316	318	188	140	328*
Number of cases censured and cautioned by the Central Midwives Board strictly to observe the Rules	—	3	—	—	1	—	—	—	—
Number of Midwives prosecuted for not notifying their intention to practise	—	1	—	—	—	—	—	—	—
Uncertified women prosecuted for practising as Midwives, etc.	—	4	2	—	—	—	—	—	—

Numbers of Notifications, Inspections &c. :—

Stillbirths	138	222	188	189	175	182	123	80	203
Deaths { Mother	2	2	2	2	4	10	—	—	—
{ Child	22	26	32	20	12	41	17	18	35
Medical { Mother	264	533	1015	966	1127	1213	627	568	1195
Help { Child	80	162	470	448	416	394	179	185	364
Notifications of having laid out a dead body	—	—	52	51	56	60	34	37	71
Notifications of liability to be a source of infection	—	—	23	29	25	26	10	13	23
Notifications of having advised artificial feeding	—	—	68	76	55	93	51	39	90
Total Visits paid by Inspectors	1487	2255	1434	1329	1346	1274	632	552	1184
Inspections of <i>Bonâ Fide</i> Midwives	449	710	151	137	125	109	58	37	95
Inspections of Trained Midwives	197	359	581	612	765	622	299	271	570

*Of these midwives 296 were trained as compared with 115 trained in 1909.

The inspectors of midwives enquire into all cases of alleged practice by uncertified women.

CASES ATTENDED ALONE BY MIDWIVES.

*222 midwives attended 25 cases or less.

58	„	„	26 to 50 cases.
27	„	„	51 to 75 „
18	„	„	76 to 100 „
8	„	„	101 to 125 „
4	„	„	126 to 150 „
3	„	„	151 to 175 „
1	„	„	more than 176 cases.

* Of this number, one hundred and thirty-three were either district nurses, or midwives who had commenced practising during the year.

From enquiries made of each midwife, it has been ascertained that 9,809 births were attended by midwives alone out of a total number of 18,320 births registered in the Administrative County of Kent during the year 1925. The numbers of births attended by midwives for the four previous years were :—1924—9,909, 1923—10,382, 1922—10,170, and 1921—10,319. The gradual reduction is due, of course, to the falling birth-rate, and affects the question of the ability of independent midwives in many districts, to earn a livelihood.

SUMMARY OF REASONS FOR SENDING FOR MEDICAL HELP 1925 :—

For the mother :—

	North and West Kent.	South and East Kent.	Whole County.
Abnormal Presentation	66	35	101
Abnormal labour (? obstructed)...	26	88	114
Abortion	49	26	75
Ante-partum hæmorrhage	29	31	60
Delayed labour	129	31	210
Post-partum hæmorrhage	17	29	46
Rise of temperature.....	31	16	47
Retained placenta	42	26	68
Torn perineum.....	161	116	277
Miscellaneous ..	51	70	121
Ante-natal	26	50	76
Totals	627	568	1195

For the child :—

Prematurity and feebleness	58	62	120
Deformities.....	15	16	31
Inflammation of the eyes	66	68	134
Skin eruptions	7	5	12
Miscellaneous	33	34	67
Totals ..	179	185	364

SUSPENSION FROM PRACTICE TO PREVENT THE SPREAD OF INFECTION.—

During the year twenty-eight midwives were suspended from practice to prevent the spread of infection. The periods varied from twenty-four hours to five weeks.

PUERPERAL FEVER.—During the year under review, forty cases of puerperal fever were notified. Of this number fourteen were attended in the first place by midwives alone, and twenty-six by doctors. There were nineteen deaths recorded.

The following figures show the numbers of notifications and deaths in recent years :—

	Average. 1916-1920	1921.	1922.	1923.	1924.	1925.
Notifications	34	43	38	42	38	40
Deaths	28	20	31	27	16	19

A comparison of the notification returns and the death returns indicates that notification of this disease is not complete, and I am therefore unable to give a reliable figure to show the case mortality. This, however, is very high.

OPHTHALMIA NEONATORUM.—It will be seen from tables 3 and 4 that seventy-seven cases of ophthalmia neonatorum occurred during 1925. Those cases occurring in the practice of midwives are investigated in the ordinary course by the inspectors.

The following is a summary of the total cases which occurred respectively in the whole of Kent and in the County Maternity and Child Welfare Area :—

		Kent.	County M.C.W. Area.
Treated	{ At home	50	5
	{ In hospital	24	8
	{ No information.....	3	1
Vision	{ Unimpaired	66	12
	{ Impaired	3	1
	{ Total blindness.....	1	—
	{ No information.....	4	1
	{ Death	3	—

Notifications of ophthalmia neonatorum in recent years have been as follows :—

Average 1916-1920.	1921.	1922.	1923.	1924.	1925.
138	118	101	92	82	77

All midwives in the county are provided with dropper bottles containing Collosol Argentum, with the following instructions :

1. After baby has been bathed and the eyes have already been carefully wiped with cotton wool—a separate swab being used for each eye—open the eyelids and apply two drops to each eye immediately replacing the dropper firmly in the bottle.

2. Wipe away any superfluous drops from the eyes.
3. No more drops must on any account be applied except on doctor's orders.

PAYMENT OF DOCTORS CALLED IN BY MIDWIVES (SECTION 14 OF THE MIDWIVES ACT, 1918).—613 claims were received from doctors during the year. The payments amounted to £905, £423 of which were recovered from patients in a position to refund the fee. In the last five years the claims have totalled £3,658, of which £1,544 has been recovered from patients.

Where patients state that they are, by reason of poverty, unable to refund the fee, particulars of their income and responsibilities are obtained, and the income is verified by direct enquiry of the employer. There is an approved scale of income for defining a case of poverty, and in cases outside this scale, where there are no special circumstances leading to financial hardship, payment is pressed for. Where no satisfactory reply can be obtained by correspondence, a visit is made by the inspector of midwives or health visitor.

Several local authorities render assistance in this matter by permitting their health visitor to persuade patients to give the required particulars as to income, etc., and in two instances they undertake the whole of the enquiries and collection of fees from patients residing in their area.

POST-CERTIFICATE EDUCATION.—A further post-certificate course for midwives was held at the Sessions House, Maidstone, from 5th to 9th October, 1925, and comprised the following arrangements :—

Opening address on "The Relation of the Midwife to the Public Health Service," by Dame Janet M. Campbell, M.D., M.S., Senior Medical Officer for Maternity and Child Welfare, Ministry of Health.

Lecture on "The Ideal Midwife," by Miss A. S. Gregory, Honorary Secretary to the British Hospital for Mothers and Babies, Samuel Street, Woolwich.

Lecture on "Puerperal Sepsis" by Professor A. Louise McIlroy, D.Sc., M.D., Ch.B.

A visit to the Maidstone Ante-Natal Clinic, Old Palace, Mill Street, Maidstone.

Lecture on "Skin Eruptions of Mother and Child," by W. J. O'Donovan, Esq., O.B.E., M.D., B.S., M.R.C.P., M.R.C.S.

Lecture on "Diseases and Feeding of New Born Infants," by D. H. Paterson, Esq., B.A., M.B., M.R.C.P., Ch.B.

Visits to the County Bacteriological Laboratory.

Lecture on "Emergency Treatment in Abnormal Cases," by Miss S. E. Davies, Matron, Royal Naval and Marine Maternity Nursing Home, Gillingham.

Lecture on "Prevention of Internal Interference in Midwifery," by J. S. Fairbairn, Esq., M.A., M.B., B.Ch., F.R.C.S., F.R.C.P.

Lecture on "Pre-Natal Nursing Observations," by Miss Annie McCall, M.D., L.R.C.P.I., L.M.

Lecture on "Changes in Teaching and Training of Midwives," by L. C. Rivett, Esq., M.A., M.C., F.R.C.S.

Lecture on "Hæmorrhage," by Comyns Berkeley, Esq., M.A., M.D., M.C., F.R.C.P., M.R.C.S.

Lecture on "The Relation of the Midwife to the Rules of the Central Midwives' Board," by Miss Olive Haydon, Superintendent, Paget House Midwifery Training School.

Teas were provided, free of charge, and a musical programme took place during the tea intervals.

One hundred and seventy-two midwives made 1,345 attendances, and 210 attendances were made by health visitors and other persons interested in midwifery. The total attendance was 145 in excess of the attendance at a similar course held in 1924.

The lectures have been printed and circularised to all practising midwives in the county.

At the kind invitation of Mr. Rivett, fifty-five selected Kent midwives visited Queen Mary's Hospital for the East End, to attend an ante-natal clinic. Dr. Rivett demonstrated his methods of observation and examination, and opportunities were given the midwives to examine and diagnose the position of the child in four former Cæsarian-section patients, attending for a second confinement.

Measurements were taken and ante-natal notes were read and explained. Questions were invited and answered fully. Visits were also made to the various wards, and demonstrations in massage and exercises were given.

On June 21st, 1926, at the kind invitation of Dr. Renton, the medical superintendent of the King Edward Avenue Hospital, Dartford, twenty-five midwives from North-West Kent attended a lecture by him at the above institution with respect to the abnormal cases which had been admitted.

OBSERVATIONS OF THE INSPECTORS OF MIDWIVES ON MIDWIFERY IN KENT (1921-1925) WITH PARTICULAR REFERENCE TO ANTE-NATAL WORK.—The numbers of midwives practising in Kent during the period under review show only slight fluctuations, with a total increase of twenty-six on the figure at the beginning of 1921.

What is more noticeable and satisfactory is the steady increase of trained midwives (296 in 1925 as against 251 in 1921) and the decrease of untrained midwives (thirty-two in 1925 as against sixty-one in 1921). The elimination of the untrained, elderly midwife is taking place, not by resorting to the extreme measure of reporting her to the Penal Committee of the Central Midwives Board, with its attendant disgrace, but by the inspector's tactful and patient influence in inducing such a midwife to resign. Her services in the past have been useful and conscientious, but owing to lack of education and inability to adapt her work to the present requirements she cannot be deemed satisfactory.

The county scheme for training midwives to replace the elderly untrained midwife, and for subsidising midwives in sparsely-populated districts, has been singularly successful, and several assisted midwives are now entirely self-supporting; others have become the nucleus of permanent local nursing associations.

The three most distinctive features of progress during the past five years have been (*a*) the revival of educational lectures to the midwives in 1922, 1923, 1924, 1925 by members of the medical and inspectorial staff; (*b*) the inauguration of a successful post-certificate week held at Gillingham in October, 1924, and repeated with greater success at Maidstone in October, 1925; and (*c*) the extension of ante-natal work.

In 1924 the question of ante-natal work was brought more forcibly to the attention of the midwives, and books for recording observations and visits were issued to all the trained women.

Special instructions in ante-natal work have been given to all midwives—trained and untrained—by means of lectures and individual advice. Urine testing was a special feature of the post-certificate courses, and has also been the subject of group lectures and demonstrations by the county bacteriologist and the inspectors of midwives. The midwives present at these demonstrations have had the opportunity of individual practise in urine testing.

Although the majority of midwives have entered with enthusiasm on the advancement of ante-natal work, they have not received much encouragement from their patients, who are usually indifferent and difficult of approach. Only perseverance, sympathetic skill, and discretion in dealing with the individual mother, can overcome this opposition to new methods; especially is this the case with the normal multipara.

One result of the improved ante-natal work has been an increasing number of notifications of medical help for pregnant women, the numbers recorded in 1924 and 1925 being fifty per cent. higher than the figure of 1923, which in turn was double that of 1922.

In addition, many midwives accompany their patients to, or advise them attending, ante-natal clinics or hospitals.

These facts prove that an intelligent interest is taken by the midwives and that the opposition of the pregnant woman to taking medical advice is being steadily overcome. This must have an increasing influence on the health of both mother and child and assist in reducing the risks of maternal and foetal mortality.

MATERNITY AND CHILD WELFARE.

HEALTH VISITING.—The population of the area covered by the county maternity and child welfare scheme during 1925 was 389,283. The area comprises six boroughs, eleven urban districts and twenty rural districts, as set out in Table 23. The duties of all the whole-time nurses on the County Medical Officer's staff include health visiting (where undertaken by the County Council), school nursing and tuberculosis visiting. A map shewing the outline of the districts of the whole-time nurses, and the area of the child welfare scheme, is included in this report opposite page 184.

The aggregate number of days per week devoted to child welfare work, under this arrangement, is equivalent to the time of 13·22 whole-time nurses. In addition, there are twenty-five part time nurses serving in the following areas:—

Chislehurst Urban	
Sidcup Urban	
Bromley	Rural (12 parishes)
Sevenoaks	„ (6 „ and part of two parishes)
West Ashford	„ (11 „)
East „	„ (21 „)

These part-time nurses are, with four exceptions, all practising midwives.

Table 23 shows the work of health visitors in home visiting during the year under review. It will be seen that 52,567 visits were paid, as compared with 50,922 in 1924, 48,421 in 1923, 41,019 in 1922 and 36,960 in 1921. I can speak in very high terms of the work of the health visitors.

MATERNITY AND CHILD WELFARE CENTRES —Table 24 shows the maternity and child welfare centres coming within the administration of the Kent County Council, with information as to the attendances, etc. The map referred to above also shows the positions of the centres.

During the year new centres were inaugurated by the County Council at Lyminge, Herne, and St. Mary Cray, and a voluntary centre was commenced at Staplehurst. Altogether, ten new County Council centres have been established during the past five years and one centre has been closed.

HEALTH VISITING IN COUNTY AREA DURING 1925.

Area at December 31st, 1925.	Present Health Visitor.	Average.	Total Population, 1925.	No. of Births, 1925.	No. of Visits paid.			Percentage of Births notified by			Percentage of Feeding Methods at first visit.			Percentage of Feeding Methods at seventh month.			Complaints dealt with.	
					First.	Subsequent and Special.	Fruitless.	Doctors.	Midwives.	Other persons.	Breast.	Breast and Hand.	Hand.	Breast.	Breast and Hand.	Hand.	Housing.	Other.
Broadstairs U.	Mrs. Morris	2,770	11,280	103	159	1,705	47	59	41	—	96	2	2	62	5	33	—	1
Blean R.	Miss Tustain	17,156	11,157	†141	111	1,609	1	76	23	1	94	1	5	69	2	29	—	—
(1 parish)																		
Thanet R.	Mrs. Cheesman....	39,286	12,690	†204	149	2,091	47	46	54	—	85	10	5	64	20	16	13	1
(7 parishes)																		
Eastry R.	Mrs. Smithson	12,410	22,040	†315	268	2,138	149	35	65	—	84	2	14	56	5	39	6	1
(15 parishes)																		
Thanet R.	Miss Orpin	29,628	16,149	†302	476	1,735	35	33	67	—	75	18	7	29	46	25	1	—
(3 parishes)																		
Deal B.	Miss Harvey	8,436	4,324	†54	61	556	—	34	61	5	79	3	18	51	21	28	7	9
(4 parishes)																		
Walmers U.	Mrs. Stokes	11,111	15,020	†179	185	3,036	241	74	25	1	78	7	15	51	15	34	11	4
(4 parishes)																		
Eastry R.	Miss Worthington	24,313	8,834	†144	172	1,565	51	33	67	—	88	3	9	61	5	34	4	3
(5 parishes)																		
Cheriton U.	Miss Jervis	56,046	15,958	†251	180	1,233	53	82	15	3	81	2	17	77	3	20	4	1
(1 parish)																		
Bridge R.	Miss Scully	54,117	11,168	†167	103	753	—	43	56	1	79	8	13	52	13	29	7	7
(15 parishes)																		
Hythe B.	Mrs. Masker	22,736	26,528	†406	220	2,071	13	42	58	—	92	2	6	66	12	22	13	—
(8 parishes)																		
Dover R.	Miss Turnell	30,950	10,168	†185	181	2,121	141	28	71	1	92	2	6	73	8	19	3	5
(1 parish)																		
Elham R.	Miss Foster	2,952	491	†8	39	422	12	90	10	—	94	3	3	65	19	16	—	—
(13 parishes)																		
Faversham B.	Miss Blackmore ..	56,777	11,318	†186	208	1,463	98	57	43	—	86	4	10	75	10	15	8	5
(3 parishes)																		
Whitstable U.	Mrs. Saunders	32,589	11,848	†193	84	164	43	77	23	—	88	6	6	77	8	15	1	1
(3 parishes)																		
Blean R.	Miss Johnson	13,708	6,078	†104	155	1,484	60	32	67	1	95	1	4	69	13	18	21	—
(6 parishes)																		
Faversham R.	Miss Nugent	49,133	13,334	†215	114	617	67	88	17	5	85	4	11	64	—	36	2	—
(20 parishes)																		
Hollingbourn R.	Miss Herd	28,599	14,740	†254	226	1,086	219	53	47	—	90	2	8	42	44	14	3	—
(1 parish)																		
Hollingbourn R.	Miss Main	7,030	5,785	†103	121	799	13	28	72	—	82	10	8	43	33	24	—	—
(1 parish)																		
Maidstone R.	Miss Hiseoke	29,496	11,185	†213	135	1,107	49	46	53	1	90	—	10	66	12	22	4	4
(3 parishes)																		
Maidstone R.	Miss Miles	17,740	14,034	†249	236	931	66	40	60	—	85	3	12	65	6	29	39	6
(11 parishes)																		
Hollingbourn R.	Mrs. Edwards	14,142	1,826	†27	16	231	39	—	75	25	93	—	7	50	—	50	—	—
(5 parishes)																		
Maidstone R.	Miss Carmichael ..	6,664	3,647	†58	49	115	14	23	69	8	89	7	4	37	18	45	—	—
(11 parishes)																		
Maidstone R.	Miss Stanford	†936	†4,497	†67	169	2,078	273	56	44	—	92	2	6	53	9	38	9	2
(1 parish)																		
Malling R.	Miss Workman	†6,844	†20,495	†318	167	1,589	63	43	57	—	87	5	8	54	11	35	1	



COUNTY MATERNITY AND CHILD WELFARE CENTRES.

Name of Centre. (Year of opening or adoption by County Council in brackets)	Situation of Premises.	Day and time of opening.	Medical Officer and frequency of attendance.	Nurse.	No. of times open.	Total Attendances.				Percentage of Feed- ing Methods of Children under seven months of age on day of first atten.			Percentage of Feed- ing Methods of Children who attained the age of seven months during the year.		
						Children.		Mothers.		Breast.	Breast and Hand.	Hand.	Breast.	Breast and Hand.	Hand.
						First Attendance.	Subsequent Attendances.	First Attendance.	Subsequent Attendances.						
Borough Green (1921)	High Street	Each Thurs- day at 2 p.m.	Dr. Bolton (Fortnightly)	Miss Dugger	48	48	591	4	5	62	11	27	67	33	—
Boughton- under-Blean (1920)	Church Hall	Each Wed- nesday at 2 p.m.	Dr. Kennedy (Fortnightly)	Mrs. Masker	43	25	670	—	—	86	7	7	56	19	25
Brasted and Sundridge (1920)	Sundridge Parish Room	1st and 3rd Tuesday in each month, 2 p.m.	Dr. Ward (Monthly)	Miss Watt	22	32	505	2	1	93	—	7	74	26	—
Cheriton (1918)	Village Hall	Each Wed- nesday at 2 p.m.	Dr. Gore (Fortnightly)	Miss Orpin	52	106	1976	2	1	68	16	16	17	66	17
Chislehurst (1920)	Hornbrook Social Women's Insti- tute	Each Thurs- day, at 2.30 p.m.	Dr. Tallent (Fortnightly)	Miss Eke (District Nurse)	50	34	630	—	1	77	10	13	29	17	54
Cobham (1920)	Meadow Road	First Tues- day each month, at 2 p.m.	Dr. McDonnell (Monthly)	Miss Hutchinson (District Nurse)	12	12	56	1	—	50	33	17	25	25	50
Deal (1918)	Masonic Hall	Each Thurs- day & Friday at 2.30 p.m.	Dr. Birdwood (Weekly)	Mrs. Smithson	49	87	3246	—	—	46	10	44	24	10	66
Elham (1918)	Parish Hall	First Tues- day each month at 2.30 p.m.	Dr. Matthews (Monthly)	Miss Scully	12	14	190	2	4	100	—	—	—	—	—
Farnborough (1921)	Parish Hall	Each Friday at 2 p.m.	Dr. Douse (Fortnightly)	Miss Marley (District Nurse)	51	63	1985	—	—	56	16	28	—	—	100
Faversham (1920)	Queen's Hall	Each Friday at 2 p.m.	Dr. Cannon (Fortnightly)	Mrs. Masker	50	71	2320	—	—	77	8	15	50	22	28
* Herne (1925)	Parochial Insti- tute	Alternate Tuesdays at 2.0 p.m.	Dr. Evans (Fortnightly)	Mrs. Stokes	15	27	106	—	—	67	5	28	—	—	100
Herne Bay (1920)	Parochial Insti- tute, Underdown Road	Each Mon- day at 2 p.m.	Dr. Evans (Fortnightly)	Mrs. Stokes	48	66	2201	1	—	74	10	16	44	16	40
Hollingbourn (1921)	Parish Hall, Hol- lingbourn	Third Friday at 2 p.m.	Dr. Alton (Monthly)	Miss Nugent	19	17	237	2	3	34	33	33	100	—	—
Leeds (1923)	Village Hall, Leeds	First Friday at 2 p.m.	Dr. Alton (Monthly)	Miss Nugent											
† Lyminster (1925)	Village Hall	3rd Friday each month, at 2 p.m.	Dr. Wallace (Monthly)	Miss Scully	12	54	228	1	4	59	18	23	40	—	60
Newnham (1920)	Village Hall	Each Friday at 2 p.m.	Dr. Selby (Monthly)	Miss Turnell	47	21	461	—	—	76	—	24	20	20	60
Plaxtol (1924)	Women's Insti- tute	2nd and 4th Thursdays in each month at 2 p.m.	Dr. R. Walker (Fortnightly)	Miss Mayger (District Nurse)	23	16	436	1	5	80	—	20	50	50	—
Snodland (1919)	Devonshire Rooms	Each Wed- nesday at 2 p.m.	Dr. Cole (Fortnightly)	Miss Miles	51	87	1334	12	33	55	9	36	43	8	49
Southborough (1920)	Wesleyan School- room, London Road	Each Friday at 2.30 p.m.	Dr. Pain (Weekly)	Miss Stanford	48	40	1056	—	—	59	15	26	58	5	37
Southborough High Brooms (1920)	St. Matthew's Parish Hall	Each Tues- day, at 2.30 p.m.	Dr. Neild (Weekly)	Miss Stanford	47	53	909	8	31	64	11	25	47	13	40
† St. Mary Cray (1925)	The Temple	Each Wednes- day at 2 p.m.	Dr. Elliott (Fortnightly)	District Nurse	13	99	306	6	1	64	18	18	—	—	100
Teynham (1920)	St. John's Hut	Each Thurs- day, at 2 p.m.	Dr. Selby (Fortnightly)	Miss Turnell	47	28	749	1	—	91	—	9	74	19	7
Tonbridge (1917)	Parish Church Hall, East St.	Each Tues- day at 2 p.m.	Dr. Tucker (Fortnightly)	Mrs. Hopwood	50	148	2078	3	—	65	11	24	38	17	45
Walmer (1924)	Baptist School Room	Each Wednes- day at 2.30	Dr. F. Hughes (Fortnightly)	Mrs. Smithson	46	24	1124	2	—	56	9	35	19	12	69
Westerham (1920)	Women's Insti- tute	Each Thurs- day at 2.0 p.m.	Dr. Robertson (Fortnightly)	Miss Wood (Dis- trict Nurse)	42	21	542	8	9	94	—	6	—	100	—
West Malling (1923)	Badminton Hall	Each Thurs- day at 2.0	Dr. Roberts (Fortnightly)	Miss Miles	50	63	1252	11	18	80	4	16	62	12	26
Whitstable (1918)	Congregational Schools	Each Mon- day at 2 p.m.	Dr. Piper (Fortnightly)	Mrs. Masker	49	61	1261	—	—	66	11	23	41	32	27
Voluntary Centres:—															
Cudham (1920)	Jail Lane, Biggin Hill	Each Tuesday 2 p.m.	—	District Nurse	42	15	512	1	—	84	8	8	63	37	—
Eccles (1925)	Eccles	4th Thursday each month at 2 p.m.	None	Miss Johnson	11	46	91	3	—	88	9	3	46	54	—
Edenbridge (1923)	Church House	1st Friday each month at 2 p.m.	None	Miss Macdonald (District Nurse)	6	7	77	—	—	88	—	12	70	—	30
Hythe (1921)	Congregational Hall	Each Thurs- day at 2.30	Dr. Wolverson (Fortnightly)	Miss Jervis	51	45	1526	—	—	75	4	21	61	6	33
Meopham (1918)	Village Hall	First & Third Thursdays in month, at 2.30 p.m.	Dr. Bates (Monthly)	Miss Hewitson (District Nurse)	23	17	363	1	—	67	13	20	50	20	30
Stone Street (1921)	Parish Room Stone Street	1st and 3rd Thursday at 2.30	—	Miss Wilkinson	33	10	314	—	—	60	10	30	100	—	—
Ivy Hatch (1921)	Nr. Post Office, Ivy Hatch	2nd and 4th Friday at 2.30	—												
† Staplehurst (1925)	Surrenden	Alternate Wednesdays 2 p.m.	Dr. Garrett (Monthly)	Mrs. Saunders	5	26	41	1	2	67	—	33	80	—	20
					1167	1483	29283	72	118	68	10	22	40	16	44

A map showing the situation of these centres, will be found facing p. 184.

The Nurse in charge of centre is the whole time health visitor unless otherwise indicated.

The Westerham Centre was removed from Moreton Almshouses to "Women's Institute."

In addition, six new voluntary centres have been established during the same period.

The establishment of voluntary centres, by local ladies interested in child welfare, is encouraged, and the health visitors are active in this connection. The object is to ensure the success of a centre before the County Council take over responsibility.

The photographs facing page 126 are of the Tonbridge infant welfare centre. The centre is held in the Parish Church Hall, and it will be seen that excellent arrangements can be made in a suitable hall, without undue expenditure on special premises. In addition to the waiting and weighing room, shown on the photograph, there is a doctor's consulting room, a room for the voluntary workers to provide teas, &c., and accommodation for perambulators.

In addition to the ordinary activities of the centres, the question of the provision of dental facilities for mothers, by means of a joint scheme with the school dental service, is receiving consideration at the time of writing. At the present time dental work is being undertaken at the Westerham Centre only, by a local dental surgeon.

Dried milk, Virol, cod liver oil, etc., are sold at cost price, on the medical officer's advice, to mothers who cannot afford to pay store prices.

At the majority of the centres short talks are given to the mothers, either occasionally or at each session, by the medical officers and the nurses. These talks are being extended.

Voluntary committees of local ladies assist the nurses and carry on the social functions of the centres.

Again I desire to place on record my appreciation of the excellent work carried out by these voluntary committees, as they contribute in a great measure to making the centres the success they are.

Ante-natal work has not been undertaken to any great extent. During 1926, however, an ante-natal clinic has been established at West Malling, with Dr. Cole as medical officer in charge. There is also a voluntary ante-natal centre at St. Mary Cray. It is hoped to extend similar facilities to various other welfare centres in the county, at an early date.

The attendance of children at the county centres was higher than in 1924 by 6,846, and over double the attendance of five years ago (1920).

The following are a few figures of interest in this connection :—

	1921.	1922.	1923.	1924.	1925.
No of openings	863	1001	1085	1097	1167
1st attendances Mothers ...	?	?	75	94	72
„ Children ..	1327	1267	1364	1459	1483
Total attendances Mothers	321	179	149	219	190
„ Children	18525	20507	24078	28717	30766

The county centres (including voluntary centres where the services of a county health visitor are utilised), are visited periodically by the Assistant County Medical Officer, who discusses with the medical officer and the health visitor any matters of interest or difficulty in connection with the administration of the centre.

At these visits the work of the health visitors is supervised. Whole-and part-time health visitors living in the vicinity of the centre are requested to attend for this purpose.

Where the work of part-time health visitors cannot be supervised in this way, they are periodically visited by one of the whole-time nurses.

The following extracts from the reports of medical officers and health visitors are of interest :—

(i.) “Health talks by the medical officer and nurse were appreciated; and unusual interest was taken by the mothers, who were keen on repeating the substance of the talks to neighbours (often crassly ignorant of modern health methods) towards prevention of disease and suffering. In particular, early treatment of infantile diarrhoea and similar disorders by starvation with elimination of toxic substances, was put into practice by mothers. Each mother is a potential health missionary to her neighbours the other side of the fence which separates the regular attendant at the centre from the others ”

(ii.) “The health talk is made an integral part of attendance at the centre and not a mere ‘side show.’ One of the workers keeps the toddlers happy downstairs while the mothers come to a separate room. I find this room absolutely full of mothers who listen splendidly. From remarks they make afterwards it is evident that they do not come to get their attendance cards signed nor to please the ‘powers that be,’ but to find out how to look after their babies.

“We resemble other centres in having to struggle against busy-bodies—grandmothers, neighbours and others—who will give their own advice. Also we have to do our best to re-educate the mother who has been dazzled by



TONBRIDGE INFANT WELFARE CENTRE.

advertisements of patent foods till she thinks a dried milk is sure to suit her baby better than breast milk. The great majority, however, are sensible mothers who follow out instructions most carefully."

(iii.) "Mothers are becoming more anxious to nurse their babies, and we have some cases of mothers who have been able to nurse their babies for the first time."

(iv.) "As is usual among the class from which the mothers attending the centre are drawn, the infants are almost invariably started off with breast feeding. It is surprising, however, to find how many have later adopted some form of substitute feeding. I find that when the infant has any ailment, however slight, the first thing that occurs to the mother is that her milk is to blame—it is too poor, or insufficient, or that some remote illness of the mother has affected it. When breast feeding is abandoned the great majority adopt some patent food. Propaganda then appears necessary for:—

"1. Insistence on the fact that only in a few instances is breast feeding impossible, or when established is the milk unsuitable for the infant.

"2. That cow's milk is the best form of substitute feeding.

"3. That patent foods should be considered only after both these have failed.

"Dyspepsias were the most common ailment and were due to the usual causes, wrong feeding, irregularity of feeds and, perhaps, most usually, to overfeeding."

(v.) "Expectant mothers are encouraged to attend. They are helped to select and prepare the layette; the sewing committee undertaking anything from a single garment to a complete outfit, for the nominal charge of one penny or two-pence over the cost of the material. This is a boon to the busy mother of several children, and many avail themselves of this facility.

"I hope that, before long, wherever a branch of the Women's Institute exists, side by side will flourish an infant welfare centre. The committee responsible for the former should prove ideal to organise and manage the second: often, too, the rooms and buildings used for the institute would be suitable for the welfare work, which, after all, is the first thing the Women's Institute should stand for.

(vi.) "There is no sale for dried milk foods at this centre as practically all infants are breast-fed. There is, however, great demand for Virol, malt and oil, and groats."

(vii.) "Mothers, anxious for advice in respect of themselves, are extremely glad to have consultations with the medical officer, and are looking forward to the time when ante-natal centres and dental clinics are available.

"Health talks are appreciated by both the mothers and the girls who attend from the local school, the latter evincing great interest in the demonstrations with the doll, and being much perturbed if they are prevented, by bad weather or otherwise, from being present at the centre on these occasions."

(viii.) "I have been much impressed by the enlightened attitude of the mothers amongst whom I have worked, towards their own health and that of the children. I feel sure that the care and supervision of the trained midwife, at the confinement and during the lying-in period, has a great deal to do with the mother's improved outlook. The effort to breast-feed her baby is marked in every case I have visited. Some mothers who had previously believed themselves unable to breast-feed were doing so quite successfully in the case of the last arrival, and invariably had received ante-natal care and advice either from the midwife or health visitor.

"The health visitor is no longer received with suspicion and treated with reserve, but is welcomed practically in every case. In 1917, when I was a district midwife, I had watched the father disappear discreetly when the health visitor was announced. Now it is more usual for him to remain to listen. The father, once he is convinced, is the best ally possible.

"In most cases dental care is no longer regarded as 'faddy,' but as necessary. This applies to all grades."

(ix.) "Although by many of the older mothers the health visitor is still regarded as a public 'inspector,' and therefore a public 'nuisance,' rather than as a welfare worker, yet it is gratifying to find the younger generation eager for visits and keen for any help or advice they can glean."

(x.) "With two or three exceptions I have been admitted to every house and cottage at which I have called. In many cases not willingly, but each time with a warmer welcome, as the mothers realised the improvement in both themselves and the babies, brought about by first 'trying,' then following the different lines advised to suit their particular cases and needs.

"All babies are weighed at each visit, and letters received when, for some reason, the periodical visits have been somewhat delayed show the interest taken in the progress of the infants.

“The idea of warm and light clothing and no binders is becoming much more universally accepted, although the tight binder is not yet extinct. The number of mothers who allow their babies to sleep out in the open air all day, in a ‘pram,’ is very much increasing.

“Efforts to restore breast-milk, employing the Truby King method, have been most successful.

“Feeding and clothing the toddlers has always proved a difficulty, but visiting during the mid-day dinner hours, although requiring tact, aids one to gain an insight into the chief meals given, and is very helpful. The greatest amount of tact and patience is required in the case of the unmethodical mothers, where the homes are a mixture of washing, cooking (past, present and future meals) and fretful children. The ‘high horse’ is easily mounted, and one has to guard against a closed door at the next visit.

“Expectant mothers are visited regularly. All the ante-natal work is done in the homes, as it is extremely difficult to get these mothers to come to the welfare centres, although they are most anxious for the home visits. The mothers tell one another of the nurse, and so fresh cases are added to the visiting list.”

(xi.) “Health visiting in the greater part of the area is warmly welcomed and advice is generally followed, both mothers and (an innovation) fathers, in many cases, looking upon the health visitors as the authentic means of disseminating advice respecting their children. Therefore, the one time counsel of the grandmother, so generously given, is gradually being superseded by the common-sense methods of to-day. The mothers themselves, especially those who attend one of the maternity and child welfare centres, are keenly alive to the great benefit of these institutions, and very often show their gratitude for what they are taught there, by verbal means and by writing letters of thanks.

“In part of my area, the work of a handy-woman is very discernible, a great contrast is seen between the mother under her influence and the more progressive one who attends a centre—but the former is slowly, but surely, being educated in better ways, and often the treatment of her little one under school age for defects of the eyes at one of the school clinics is a big force in this direction. Needless to say, the mother who attends an infant welfare centre is so much more amenable to treatment of this kind for her children; though to the other mother a new light on health subjects is surely being visualised.”

ADMISSIONS OF CONFINEMENT CASES TO HOSPITALS, MATERNITY HOMES &c.—Arrangements have been made with the following hospitals and maternity homes for the reception of patients in complicated cases or where the home conditions of the patients are unsuitable. Only occupied beds are paid for, and no accommodation is reserved specially :—

General Hospital, Gravesend; Kent and Canterbury Hospital, Canterbury; Royal Victoria Hospital, Folkestone; General Hospital, Tunbridge Wells; Victoria Hospital, Deal; West Kent General Hospital, Maidstone; Bromley and Chislehurst Maternity Hospital, Bromley; Beckenham and Penge Maternity Home, Beckenham; Maternity Home, 46, Upper Grosvenor Road, Tunbridge Wells; Maternity Hostel, Dane John, Canterbury; Royal Naval and Marine Maternity Home, Gillingham.

The numbers of patients admitted to institutions under these arrangements during the past five years have been as follows :—

1921.	1922.	1923.	1924.	1925.
11	7	1	2	4

The Ministry of Health were approached to approve arrangements with certain midwives to admit confinement cases to their homes, but sanction was withheld.

RAMSGATE HOSTEL FOR UNMARRIED MOTHERS AND THEIR CHILDREN.—The four places reserved by the County Council in this institution have been kept filled during the year. Only two places were reserved prior to 1922. During the past five years all the places have been kept continuously filled, with an aggregate of thirteen mothers and their children.

TREATMENT OF SQUINT.—Arrangements were made during the year for the services of the school oculist and the facilities of school ophthalmic clinics, to be available for cases of squint in children under school age. Spectacles are provided free, and travelling expenses are paid in necessitous cases. The school oculist saw fifteen children between June and December and spectacles were prescribed in eleven cases. In one case spectacles were provided free and travelling expenses to the nearest clinic were paid. All health visitors have been instructed to report cases of squint which come to their notice among the infants on their visiting lists.

ORTHOPÆDIC TREATMENT.—A scheme for the treatment of crippled children has been adopted by the County Council and is awaiting the sanction of the Ministry of Health. The scheme provides for the treatment of cripples

of all ages up to sixteen, including those with tuberculosis of the bones and joints. The autonomous areas of the county have been approached to join in the arrangements, and a number have agreed to do so.

In-patient treatment is provided for at the Alexandra Hospital, Swanley, and thirty-two beds will be available for non-tuberculous patients.

A small number of beds is also available at each of three General Hospitals (West Kent Hospital, Maidstone, Kent and Canterbury Hospital, Canterbury, and King Edward Avenue Hospital, Dartford) for those patients who require major operations and whose treatment can be completed in a period of six to eight weeks.

Out-patient treatment will be given at the out-patient orthopaedic departments of the above hospitals, and also at certain clinics which will be established at infant welfare or other suitable centres in various parts of the county. To commence with, three clinics will be established at Broadstairs, Ashford and Sevenoaks, respectively.

Treatment at these clinics will be given by the visiting surgeon of the Alexandra Hospital, who will attend at each once a fortnight accompanied by a nurse from the Hospital. The nurse will also attend the clinics on the alternate weeks when the surgeon is not present.

The County Branch of the British Red Cross Society is organising voluntary help to assist at the clinics.

At a preliminary census undertaken to ascertain the approximate number of cripples in the county, information was received respecting 1,250 such cases. 250 of these were under school age and two-thirds of the latter number were crippled from causes other than tuberculosis.

REFRESHER COURSE FOR HEALTH VISITORS.—Seven of the county health visitors attended a refresher course in London at the beginning of the year. All the nurses concerned felt that their knowledge had been enlarged by taking this course.

CO-ORDINATION OF WORK WITH THE SCHOOL MEDICAL SERVICE.—As previously stated, the whole-time health visitors are also school nurses, and this ensures continuity of supervision. Eight of the medical officers of child welfare centres are also school medical inspectors. The question of the school ophthalmic surgeon and the school dentists undertaking child welfare work has already been referred to.

The infant visiting cards of children passing into school life are utilised where possible in making the initial entries on the school medical inspection schedules, and this work is done by the central office staff.

VARIOUS.—Arrangements exist with the Kent County Nursing Association for a nurse to be available for home nursing, where necessary, in cases of measles, whooping cough, diarrhoea and poliomyelitis. The services of the whole-time health visitors are also available for the home visiting of measles and whooping cough, and information respecting outbreaks is obtained in the usual way from school teachers.

Recommendations for a free supply of milk are made by the health visitors, to the County Medical Officer in accordance with the conditions laid down by the Ministry of Health.

The income in each case is verified by direct inquiry and in certain districts the local authority co-operates with the County Council in confirming the home circumstances.

To prevent overlapping, Boards of Guardians are notified each time a grant is made to a person resident in their area.

During the year 854 grants were made, and orders for 3,263 gallons of cows' milk and 146 pounds of dried milk were issued, the actual expenditure being £371.

Stillbirths are investigated and reported upon by the health visitors. In 62 instances, in 1925, the following causes were given definitely:—Injury 10, abnormality 19, shock 10, venereal disease 1, various illnesses 17, prematurity 5. In 56 instances the cause was stated to be unknown, and a proportion of these would undoubtedly be due to venereal disease.

The following figures show certain infantile mortality rates per 1,000 births during each of the last five years :—

	1921.	1922.	1923.	1924.	1925.
Kent urban districts	67	58	48·26	55·54	55·21
„ rural districts	60	53	46·43	46·81	55·70
Whole county	65	57	47·73	52·94	55·35
Area of county scheme ...	57	53	47·41	44·90	55·01
Rest of Kent ..	67	59	47·88	57·01	55·53
England and Wales	83	77	69	75	75

Reference to maternal mortality is contained on page 30, and to infantile mortality on page 26. As from January 1st, 1926, systematic enquiry has been undertaken by the county health visitors into infant deaths. No enquiry has yet been instituted into maternal deaths.

Summaries of official circulars issued by the Ministry of Health during the year are printed on page 12.

DISTRICT ADMINISTRATION.—The following table gives particulars of the maternity and child welfare work carried out in those areas in which the local district councils are responsible for this administration :—

TABLE 25.

District.	Number of Health Visitors.		Births in 1925.	Visits of Health Visitors, 1925	Maternity and Child Welfare Centres—Average Attendance of		Total amount of milk granted during year (free or at reduced price).
	Whole-time.	Part-time.			Mothers.	Children	
Ashford.....	1	—	225	3646	6	32	11528 pints
Beckenham	1	†1	486	3296	4·1	63	5000 pints(app. £245 (approx.))
Bexley	2	—	419	5183	—	—	
Bromley	2	—	520	b	b	b	
Chatham	2	†1	869	7537	1	45	1760 pounds dried milk
Crayford	1	—	272	5675	10·6	39·3 (average three centres)	1495 pints and 2680 lbs. dried milk
Dartford	1	—	341	4927	140·5	136·19	7112 pints and 115 lbs. dried milk.
Dover	—	†5	805	8563	2·7	24	17538 pints
Erith	2	—	602	3002	4	40	17982 pints and 1591 packets dried milk
Folkestone	1	1	543	3865	2·4	95·6	7366 pints & 577 pkts. dried milk
Gillingham	2	—	951	4362	21 per annum	159	2366 lbs. dried milk
Gravesend.....	1	—	700	1718	40	105	5902 pints
Maidstone.....	2	—	625	8894	5·3	103·3	502 pints
Margate	1	—	441	3944	75	76	423 lbs. dried milk
Milton Regis . .	—	1a	139	461	Combined with Sittingbourne See below		170 pints and 37 packets dried milk.
Northfleet.....	1	—	341	2713	71·93		2671 lbs. dried milk
Penge	1	—	491	1967	26·8	70·8	£74
Queenborough ...	1	—	51	1420	24	31	15 lbs. dried milk
Ramsgate	—	†4	517	9559	59	40	£5 4s. 3d.
Rochester	2	—	539	5995	No	centre	6912 lbs. dried milk
Sandwich	—	1	62	973	26	30	None
Sevenoaks.....	—	1	131	540	40	40	413 pints
Sheerness	1	—	341	1597	100	103	154 lbs. dried milk
Sittingbourne . .	—	1a	187	546	35	43	96 pints and 76 packets dried milk
Tunbridge Wells	1	—	428	3083	55	62	4431 pints & 342 lbs. dried milk
Dartford Rural	3	2	602	6010	“A few” (Ten centres)	27	21939 pints and 1300 packets dried milk
Milton Rural ...	—	1a	247	531	63	78	318 pints and 99 packets dried milk
Tonbridge Rural	—	12	300	3847	*	*	None

* Very few cases attend this Voluntary Centre at Pembury.

† Whole-time officials, but dividing their time between health-visiting and school-nursing.

a. Whole-time health visitor for combined districts, as shown.

b Information not received.

Beckenham and *Penge* have a joint maternity home, of which the medical officer of health of *Beckenham* is the medical supervisor. The home, which was established in 1920, has accommodation for fourteen beds and is managed by a joint committee of the two urban councils. It is rate-aided, and receives a Ministry of Health grant. The facilities are primarily provided for women who have not sufficient accommodation in their own homes, or are unable to secure adequate attention therein; and that the home supplies a need in the district is shown by the admittances since its inauguration, as follows:—1920 (five months), 31; 1921, 173; 1922, 183; 1923, 238; 1924, 240; and 1925, 272. In the year under review, the *Beckenham* cases numbered 156 and the *Penge* cases 82, while 34 were admitted from other districts. Mothers attending the infant welfare centres of either town, and who are entitled to maternity benefit, pay an inclusive charge of £2 for the lying-in period of fourteen days; other residents are admitted upon different terms, while necessitous cases may be granted free admission after enquiry by the committee. Capital expenditure and the cost of maintenance of the staff are allocated in proportion to the rateable value of the two districts, while cost of maintenance of the patient is borne by the district in which such patient resides. The nursing staff consists of a matron, three nurses and three probationers; and patients can be attended by their own doctors if they so desire.

In *Bexley* also there is a maternity home (the property of the council) containing six beds, labour and isolation wards, and necessary staff quarters; and sixty-six cases were dealt with therein during 1925.

In *Erith* there is a maternity home of six beds and one observation bed, established by the council. It is staffed by three midwives and the necessary domestics. Eighty-six patients were admitted during 1925.

Beds provided by voluntary bodies are utilised in some districts, as follows:—*Chatham* four beds, *Crayford* eight beds, *Margate* eight beds (in a private maternity home), *Gillingham* twenty-four beds.

In *Gravesend*, an agreement with the general hospital to take difficult cases at a charge of £3 3s. 0d. per week is now receiving consideration by the Ministry of Health; and the same hospital admits complicated confinement cases from *Northfleet*. The general hospital at *Tunbridge Wells* admits complicated maternity cases from that borough, although there is no definite arrangement in force. *Dartford Urban* has an arrangement whereby beds are available in the British Homes for Mothers and Babies at Woolwich, while cases requiring urgent operative treatment are admitted into the Livingstone Hospital in *Dartford* itself. In *Dartford Rural* four beds are available in the King Edward Avenue Hospital. In *Sandwich* there are no special arrangements for hospital beds, but in cases of urgency patients would be sent to the

hospitals at Canterbury or Deal. The Health Committee of the *Maidstone Borough* Council have two beds as their disposal in the West Kent General Hospital. In *Sheerness*, *Queenborough* and *Sheppey Rural* there is no definite arrangement, but complicated cases can be removed to the maternity ward of the infirmary on payment; and with respect to *Sheerness* Dr. Hills suggests that arrangements be made with the Guardians for the reservation of some beds at a definite rent per annum. *Chatham* and *Gillingham* have arrangements with the Royal Naval and Marine Maternity Home at Gillingham for the reception of patients; the home contains twenty-four beds. In *Dover Borough* an agreement was made during the year with the Royal Victoria Hospital, under which two beds are provided for complicated cases (for actual delivery, and cases requiring surgical attention), and two beds for pre-natal cases with albuminuria, and early cases of threatened abortion which require surgical treatment. *Folkestone* has an arrangement with the Royal Victoria Hospital for the admittance of complicated cases; and in *Margate Borough* there is an arrangement for the use of beds in the Margate Cottage Hospital. *Beckenham* has an arrangement for the treatment of puerperal fever cases in the Beckenham Cottage Hospital.

Accommodation for unmarried mothers is available in a few districts. In *Maidstone Borough* there is accommodation for thirteen such mothers in the St. Faith's Home within the town; and in *Beckenham* there is a private home for unmarried mothers and their infants, the mother and baby remaining therein for a certain time, after which the baby is taken under charge by the Home, while the mother returns to work. In *Ramsgate* there is the Thanet Hostel for unmarried mothers, on the outskirts of the town—a home for unmarried mothers and their first babies, in which training is given in domestic and household work.

Dental facilities are provided as follows:—*Dartford Urban*, for nursing mothers and children; *Erith Urban*, for nursing and expectant mothers, and children under five years of age; and *Beckenham* and *Folkestone* centres to the same extent.

Extensions, improvements, and other matters of interest are referred to in several districts. Arrangements have been made in *Penge* for “home helps,” and also for the provision of accommodation in convalescent homes for nursing mothers and their infants. In *Gravesend*, the centre opened in the previous year is proving very satisfactory. A separate ante-natal clinic has been commenced in *Northfleet*, and is open on one day in each week. In *Bexley* the establishment of a centre is under consideration. In *Dartford Urban*, arrangements have been made to send weakly children to a convalescent institution at Broadstairs. In *Beckenham Urban*, Dr. Clements urges the provision of larger and better accommodation for the infant welfare centre at an early date, and points out the advisability of further provision of hospital beds or cots for infants and young children, which would be available for the centre and for the school clinics.

In conclusion, I append two extracts from district reports :—

Faversham R.—“The whole work is excellent and valuable beyond words in assisting the growth and development of healthy human beings, and diminishing the infantile death-rate.”

Chatham B.—“The scope of this work is ante-natal, natal, and post-natal. It aims at the securing of healthy and normal pregnancy, of skilled care and attention at birth, and of supervision of mothers and children after birth. A worthy object and a wise proceeding, because if we want a healthy race of people we must have a secure foundation on which to build. Many of the derelicts and cripples we see to-day are the outcome of neglect in childhood, and a system which is endeavouring to check the stream of disease and incapacity at its source merits the sympathy, support and co-operation of the public. It will be attended with greater and more far-reaching results than any other phase of public health activity.”

INSPECTION AND SUPERVISION OF FOOD.

(a) MILK SUPPLY.—Dairies, cowsheds and milkshops within the county are under close supervision by the district medical officers of health, who devote much attention to questions affecting the milk supply. Tables 29 and 30 of this report set out the numbers of visits, defects, prosecutions, etc., in this connection.

Towards the end of the year I received information from the Medical Officer of Health of the London County Council that a sample of milk, from a consignment sent to London from a farm in West Kent, had been found on bacteriological examination, to be infected with tubercle.

In accordance with Section 4 of the Milk and Dairies (Consolidation) Act, 1915, I visited the farm in company with the county veterinary inspector for the area, and he examined the herd of cows in question. Only one animal showed signs which might indicate the possibility that it was suffering from tuberculosis of the udder, and a sample of milk was taken for bacteriological examination. No tubercle bacilli were found on direct examination of a smear ; and an inoculation test gave negative results.

The numbers of licenses granted by the County Council during 1925 under the Milk (Special Designations) Order, 1923, for Grade A milk, comprised three to producers for wholesale supply and three to producers for retail supply. No licenses were refused or revoked.

Bacteriological examination of samples taken from the three retail supplies was undertaken—(a) seven samples examined, of which five conformed to standard, (b) four examined, of which three conformed to standard, and (c) eleven examined, of which ten conformed to standard.

The following are a few references from the reports of the local medical officers of health with regard to milk supply generally :—

Beckenham U. “The arrangements for collecting and storing milk at the dairy farms within the district are, on the whole, fairly satisfactory, and I have no doubt that milk produced locally is much cleaner than that imported. The buildings are clean and well-ventilated, and the floors are impervious. They are all provided with steam, or other facilities for boiling water, to cleanse the milk cans and utensils, and have some arrangement for cooling the milk. In the cowsheds there is provision for the milkers to wash their hands and the udders of the cows, and a number of the milkers wear clean washable overalls.”

In his comments on the Milk and Dairies (Consolidation) Act, Dr. Clements makes the following observation :—“The Act makes certain amendments in the Sale of Food and Drugs Acts as to sampling milk in course of delivery, and it attempts to amend the provisions of the Sale of Food and Drugs Acts with regard to the ‘Warranty Defence.’ The procedure for this latter purpose is cumbersome and the whole attempt is lamentably weak.”

Chatham B.—Copies of the Milk Regulations have been forwarded to all concerned ; circular letters and personal advice have been tendered from time to time ; and a special memorandum on the production of clean milk, the reasons for, and the best methods of, securing it, has been circulated.

“Frequent visitation is very necessary, otherwise little or no attention would be paid by the majority. On the whole there is an improvement, but there is still much to be desired. I believe the question of adequate labour to be one stumbling block, but besides that there is considerable apathy, and apparently limited intelligence amongst people who in their own and in the public interest should use especial care to see that milk as it leaves their premises should be as clean and wholesome as reasonable care can make it.

“No one questions the importance of a clean dairy and it is odd that in the face of such an established fact, so many people continue to produce milk under filthy conditions.

“There are two reasons which partly account for the situation. For instance, much of the milk produced is sent direct to some wholesale or retail centre for distribution, and is never handled at a real farm dairy under the careful supervision of a trained dairy worker, and it may be said with certainty that only a small proportion of producers realise the nature of the bacterial infections which make milk dirty, and are able to appreciate the precautions recommended to secure cleanliness.

“It is amusing to be told that the cost of production is kept high by the increasing rigour of Public Health Regulations which aim at securing clean and wholesome milk, and the producers thereby intend to convey to the public the idea that they are carrying out these regulations, and *are* producing clean and wholesome milk. This is precisely what many of them fail to do, and it is only with great difficulty, and under frequent supervision that the average farmer can be got to do anything.”

Dover B.—Eleven samples of milk, produced outside the borough, were examined bacteriologically, and in each case it was necessary to request the farmer to send cleaner milk into the town. The results of each examination were communicated to the medical officer of health of the rural district concerned, so that appropriate local action could be taken.

Folkestone B.—Four cases were taken before the Borough Bench in respect of milk samples below standard. Three convictions were obtained, one case being dismissed. “One case brought to light the practice amongst milk-roundsmen of using bottles, returned empty from previous delivery, refilled without being adequately cleansed.”

Gillingham B.—“The door-to-door distribution is partly by sealed bottles and partly by the usual can and ladle. It is uphill work to persuade the retailer to abolish the latter method, as he frequently retorts that “if you saw the jugs of some of my customers you wouldn’t worry about my milk-can.”

Fourteen samples of Grade A milk were taken, but only 50% reached the required standard of cleanliness. Six of the samples which proved below standard were taken in one month, as the first one was unsatisfactory and the remainder were for the purpose of testing whether the contamination was accidental and temporary. As the contamination continued, a communication was sent to the medical officer of the district in which the producer’s premises were situated, and thereafter the required standard was gradually achieved.

“The public demand for this graded milk appears to be reasonably good but the extra charge of two-pence or three-pence a quart militates against its more frequent use, especially in a working-class district.”

Milton and Sittingbourne.—In his report for this combined area, Dr. Wernet writes as follows :—“There is need of improvement in the milk trade, in the general cleanliness of cowsheds and particularly in the milking routine. Most of the milk is sold locally.

“In very few of the largest dairy farms is there a water cooling-apparatus used. This should be in all. In only a few is there evidence of systematic grooming and careful cleansing of the udders before milking, and provision made for the milkers to wash their hands. The milk vessels are generally

clean. The local police are quite active in the discharge of their duties under the Sale of Food and Drugs Act as to the detection of adulteration of milk. "Clean Milk" posters are distributed to all milk producers and bacteriological analyses of milk are undertaken in the County Bacteriological Laboratory.

"Up to the present no applications have been received for licenses for Graded Milk in this district. The cleanliness of milk is everything, and the production of clean milk depends more on the human element than any other factor—in other words, the man or woman engaged in the work must be educated up to the necessity of absolute care and cleanliness. With the right man clean milk can be produced in any premises, and the most expensive buildings and equipment under the control of a careless, dirty man would result in dirty milk. To promote this cleanliness clean milk competitions in the county are organised by the Kent Education Committee in conjunction with the Kent Milk Recording Society, but it is to be regretted that no dairy farmers in this district have as yet entered for the competition."

Rochester C.—"The condition of the cowsheds has improved to some extent in the last five years, and it may be said that more regard is paid to cleanliness in milking. But there is still a long way to go before it can be reported that the milk produced in this district is as clean as it ought to be."

All milch cows in the district are inspected quarterly by the city veterinary inspector.

"There is very little improvement in the matter of milk adulteration—nearly sixteen samples out of every 100 are shown to be adulterated. This is because the practise of adulteration pays, and pays well. The profits easily cover a few insignificant fines, and the magistrates might well consider the advisability of imposing such penalties as will be calculated to completely discourage this form of cheating."

Tunbridge Wells B.—"The milk supply is said to be of good average standard. Bottles are becoming more generally used in the work of distribution. The smaller dairies are kept as well as possible, "but in certain cases the facilities for cleansing vessels are not as adequate as they might be"

Certain of the cowsheds leave much to be desired as regards their general construction.

Malling R.—"Care in the process of milking, and in the handling of milk, is in most dairies unsatisfactory. There is one herd only of tuberculous-free cows (by test)."

Thanet R.—"Improvements continue to be carried out, such as the provision of coolers, erection of small dairies, better facilities for washing utensils, etc. "All the premises are kept in a fairly clean condition, and the

regulations generally are strictly complied with. Sufficient attention is not, however, given to the grooming of cows before milking, which is most important, and without which it is almost impossible to obtain clean milk."

"The younger generation of milkers are showing a greater interest and intelligence in this important industry. It has not been necessary to revoke any license granted to a milk purveyor, but in my opinion some such measures should be taken against dilatory and unsatisfactory producers of milk."

A licence for the production of Grade A (Tuberculin tested) milk was renewed, as were three licences of purveyors of this milk. Nine samples from this farm were examined bacteriologically, and B. Coli were present in three of them. An improved arrangement in bottling resulted in four subsequent samples being free from B. Coli and containing a very low number of bacteria.

South West Kent United Area.—"Several complaints have been received regarding the cleanliness of the milk, and there is great need for improvement in this respect. One difficulty is the proper disposal of manure; in most cowsheds I have seen it is lazily thrown out of a window and piled up in the yard---through this the cows walk, knee deep. To produce milk worthy of the name is impossible under such conditions. Manure should be wheeled fifty feet away from the buildings and deposited in a properly constructed pit. Farmers spend hundreds of pounds upon patent artificial manures instead of making the best use of natural manure which they can get for nothing."

"Under the Milk and Dairies (Consolidation) Act, 1915, headway is very gradually being made in weeding out tuberculous animals from the milking herds."

"The production of clean milk is not a matter of palatial cowsheds but chiefly one of education of the dairy farmer, retailer, and also the consumer."

During 1923 the Agricultural Education Sub-Committee of the Kent Education Committee decided to organise a clean milk competition for four purposes:—

- (a) To show that there is already available a supply of clean milk in the county, in addition to what is sold as Grade A and Certified Milk.
- (b) To assist those dairy farmers in the county already interested in, and anxious to produce, clean milk, by examining their milk from time to time, by visiting their cowsheds, and as a result of the examinations and visits by advising them how their methods could be improved.

- (c) By friendly rivalry, to stimulate those dairy farmers who entered this competition, and especially their milkers, to learn the essential conditions necessary for the production of clean milk and to encourage them to pay still closer attention to the conditions under which their milk is produced and handled.
- (d) To demonstrate to dairy farmers in general how reasonably clean milk can be produced in ordinary farm buildings and under ordinary farm conditions, without excessive increase of cost, so that a larger supply of such milk may be available for the public.

This competition has proved a great success and has continued during 1925.

My report for 1923 contained a copy of a "clean milk" poster which I had drawn up aiming at giving simple information on the production of milk with good keeping qualities and free from disease-producing bacteria. Copies were sent to each medical officer of health in Kent, with an offer to supply whatever number was required for distribution to milk producers.

(b) MILK AND CREAM REGULATIONS.—I am indebted to the County Analyst for the following information respecting his examinations, during 1925, for the presence of preservatives in new milk, separated milk and cream.

1,972 samples of new milk, two of separated milk and twenty-one of cream, were examined. In four of the new milks and two of the creams, preservative was reported to be present in the following percentages:—New milks, 0·06, 0·03, 0·054 and 0·035, boric acid; creams, 0·05 and 0·25 boric acid. In each case the vendors were cautioned.

Eighteen samples of preserved cream were submitted for analysis to confirm the accuracy of the label-statements as to preservatives. In each case the percentage of preservative stated on the statutory label was 0·4, and the percentages present were 0·42, 0·42, 0·40, 0·40, 0·40, 0·40, 0·38, 0·38, 0·28, 0·28, 0·28, 0·23, 0·23, 0·22, 0·22, 0·22, 0·20 and 0·20. The amount of milk-fat found in these eighteen samples, was above 35% in each case. There were no instances of incorrect labelling, nor any evidence of the addition of thickening substances to either cream or preserved cream, and no proceedings were taken in any case.

(c) MEAT.—The following are a few comments from the reports of the district medical officers of health.

Beckenham U.—Copies of the Public Health (Meat) Regulations were sent to all butchers and others affected, and a conference with the butchers was arranged in order to discuss such Regulations, and difficulties arising from them. The representatives of the trade expressed their approval of the

Regulations and their willingness to carry out the details required ; but complete unanimity was not reached on the action necessary to protect, from dust and flies, the meat exposed for sale. "It was suggested that glass fronts to the shops would be required, and objection was raised to this on the ground that the glass would prevent the free circulation of fresh air round the meat and that it would also raise the temperature and thus hasten decomposition."

In every instance (not only in the butchers' shops, but wherever bacon and hams are exposed for sale) some attempt has been made to protect the meat from dust and flies. The only street-stall from which meat was sold has now been given up.

Notice of slaughter is given, and in every instance a sanitary inspector was present at the time of, or immediately after, slaughter.

Bexley U.--There has been increased inspection of meat in the slaughter-houses, and the amount found to be unfit for food was in excess of that found in the preceding year. Condemned meat is disposed of by burning at the council's electricity-generating station, "but as it is likely that this station will shortly be closed, owing to the arrangements for a bulk supply of the current from an adjoining authority, the question of disposing of this meat will present some difficulty."

Chatham B.--All premises, with one exception, have provided windows. The six stall-holders in the market comply with the Regulations.

"On the whole the Regulations are proving of benefit. When first introduced there was the usual outcry from some traders that they were too drastic, and could not be worked, but experience has shown the contrary. Whatever methods are adopted, it is clearly the duty of the vendor to supply his customers with a clean and uncontaminated article. Each case must be judged on its merits, and if evidences of contamination are found to occur from neglect of precautions—it will be my duty to advise proceedings against the offenders.

"Uniformity of practice is desirable, and there is rather a tendency for the man who has windows to avoid their use, simply because some obstinate trade rival has not got them, or keeps them open.

"Another difficulty was to induce traders to exhibit notices requesting customers not to handle the meat. I am unable to understand the objection, but it is a fact that only one trader did this, and finally notices were printed and supplied by the council.

"The shop-keeper also thought that the stall-holder was more leniently treated, as only the sides and back of the stall were to be screened, and an explanatory Circular 604 tended to confirm this opinion, as it definitely stated

that the Regulations did not contemplate that all butcher's shops should have glass fronts, and that the same general standard of freedom from contamination should be aimed at both for shops and stalls; and it further intimated that if kept near to an open window the general rule should be for meat to be covered with clean muslin. Having made this statement the circular adds that when a brisk trade is being carried on—this precaution may have to be suspended.

“Circular letters with regard to the handling and transport of meat have been sent to all traders, and the methods in use, and the conditions of vehicles, are the subject of constant attention by the inspectors.

“During the summer months the question of dealing with flies is a difficult one. Every decent trader in his own interest will do his best to check flies. Hitherto the open shop has offered great attractions to flies, as well to dirt and dust, and I am of opinion that the glass front will mitigate the nuisance and combined with the use of electric fans will reduce it to very small dimensions. Where these fans are not practicable, muslin or other suitable protection will be required.

“The public are slow to appreciate the benefit and importance of these changes, but they will gradually realise that clean food is a necessity, and will patronise only such establishments as show by their acceptance of improved methods and by their general appearance that the proprietors are fully alive to the importance of avoiding dust, dirt and flies.

“No Regulations can be completely effective unless they have the support of public opinion, and when that is fully gained—then the neglectful purveyor of food will either have to improve his methods or get out of business.”

Deal B.—A part-time meat inspector has been appointed.

Dover B.—Prior to the 1924 Regulations coming into force, a conference with the local butchers was called, to consider such Regulations in detail. Many of the slaughterhouses are of old construction, but all now conform to the Regulations as regards lairage accommodation, and its severance from the slaughter-room proper.

In general, a fair standard of cleanliness is attained, by muslin or closed glass windows in the shops, and by the use of washable overalls, etc., in the transport of the meat.

There is an arrangement with the Folkestone Corporation, by which condemned meat is burnt at the destructor belonging to that authority at a charge of one shilling for each hundredweight or part of a hundredweight.

Folkestone B.—A “clearing house,” at which all meat slaughtered outside the borough is deposited for inspection before distribution to the retail butchers, has been established, and fully justifies its purpose. Books of notices, indicating time of slaughtering and the number of animals for slaughter, are provided for butchers, excepting those who have given notice of regular hours of slaughter. No gut-scraping is allowed; and carcasses, when blown, are taken outside the slaughtering-booth and the pump raised above floor-level.

An application for the marking of meat was received from the local Butchers’ Association, and a stamp (approved by the Ministry of Health) was provided; but no request for marking has been received.

Gillingham B.—A copy of the section of the Regulations relating to contamination of meat was delivered to each butcher and retailer of bacon and ham in the borough, along with a letter of advice on the best methods to protect meat in conformity with the Regulations.

The response was most satisfactory, and within a few months every butcher (with one exception) in the town had his meat protected by a glass front. In like manner retailers of bacon had their windows closed down.

Judging from the way in which meat is still grossly exposed in London and other towns, there is probably no district where the meat in butchers’ shops is less exposed to contamination than in Gillingham.

The one exception referred to above was the case of a butcher who, although repeatedly warned, persisted in removing the glass shutters from his shop front. As the shop was in a narrow street, observation was made on a very wet day, when no difficulty was experienced in finding lumps of mud on his meat. A final warning was thereupon given by the council, since when there has been no further exposure of meat.

Gravesend B.—The sanitary inspector has been appointed meat inspector under the 1924 Regulations, and a system of inspection and stamping of meat has been approved by the Ministry of Health. The slaughter-houses generally are in a dilapidated condition, and a public abattoir is contemplated.

Penge U.—All butchers were circularised and a copy of the 1924 Regulations sent them. Provision of glass windows to shops is not insisted upon, at present, owing to a few of the butchers using the forecourts, which are very wide. These forecourts, however, have been suitably screened. A mutual arrangement has been made with the occupier of the chief slaughterhouse of the district, who slaughters regularly in the evening on four days a week, for an inspection of all animals to be made early the following morning.

Rochester C.—The condition of the slaughterhouses has improved greatly in the last five years, and a further improvement is likely by the erection of a model slaughterhouse. "When this is accomplished, the four biggest slaughterhouses in the district will be close together, close to the cattle-market, and close to the railway station, a condition of affairs approximating in some respects to a public abattoir."

Sheerness U.—All butchers' shops in the district now keep front windows closed. The butchers give willing voluntary co-operation.

Sittingbourne U.—"The provision of a public slaughterhouse and the gradual abolition of some of the private ones would be a sanitary measure of value to the community, as the inspection of all meat after killing would be facilitated "

Tunbridge Wells B.—Several shops still have open fronts. No arrangements have been made for the marking of meat.

Whitstable U —Much attention has been given to the inspection of meat, practically 100 % of all animals slaughtered having been examined by the sanitary inspector. The meat purveyed in the district is very good ; and all butchers have joined an insurance society, with resulting compensation for any seizure. Certificates for such compensation are issued by the sanitary inspector, free of charge.

"With regard to the clauses for prevention of contamination to meat, the only one which has caused any difficulty is Article 20 (5) (a) relating to the placing of meat in shops to prevent mud, filth and other contaminating substances being splashed or blown thereon. The line which I advised the council to take is that it is impossible to prevent dust, etc., from being blown on to the meat in butchers' shops unless effectively screened by means of a window and, with the slight modifications necessary in consequence of the Ministry of Health's Circular No. 604, this attitude has been adhered to. Before the issue of this circular I was able to persuade three butchers to improve their premises by inserting plate glass windows. There are, in addition, ten other meat shops in the town, and of these, one has a plate glass window and the others glass shutters.

Although the advent of the Meat Regulations was met with much opposition on the part of butchers, there is now apparent a tendency to settle down and work amicably with inspectors, the butchers' grievance now being, not against the enforcement of the Regulations, but against the lack of uniformity among local authorities."

The sanitary inspector advocates the provision of an abattoir as "an investment as regards public health."

Bromley R.—The sanction of the Ministry of Health was obtained to a system of “meat marking,” and a third inspector was appointed mainly for the purposes of the 1924 Regulations. The thorough and systematic inspection of all animals killed for human food, leads to the discovery of a very large quantity of unsound meat compared with former years, and this “proves the great utility of the Meat Regulations now in force, when these are thoroughly carried out.”

Dartford R.—Under the new Regulations, three slaughterhouses were temporarily closed until reconstructed ; others were cleansed and new drainage was supplied.

Dover R.—A special meat-inspector has been appointed.

Faversham R.—The sanitary inspector writes :—“There is no doubt that the new system is a very great improvement on that which obtained prior to the Regulations coming into force, and the public meat supply is much better guarded than before, one case in point is worthy of note to illustrate this point. It was notified to me that a cow had been slaughtered and dressed on a farm (this was an emergency slaughter). I made an inspection and found it to be a case of “Septic Metritis” and condemned the whole carcase and organs. If it had not been compulsory to notify the slaughter of this animal I may never have heard of it and the carcase may have been sold for human consumption, and as this condition is known to have been the cause of food poisoning in human beings, the result can well be imagined when it is realised how many people it would require to consume a carcase of beef.”

Venterden R.—Improvements have been carried out to the slaughterhouses in the district, bringing them up to a good standard.

Tables 29 and 30 give information relating to the inspection of slaughterhouses, and as to prosecutions.

(d) OTHER FOODS.—Tables 29 and 30 give information respecting bakehouses and other food-preparing places ; also as to the amount of food condemned during the year.

There have been no cases of food poisoning in the area during the year.

Dr. Pritchett, of *Rochester*, mentions the great improvement in the condition of bakehouses that has taken place in recent years ; but he adds :—“The methods of distribution of the cooked loaves, however, seem to leave something to be desired. The loaf usually leaves the bakehouse in a cleanly condition, but it has many opportunities of becoming soiled by the time it reaches the consumer. It is more or less subjected to dust which may be flying about in the streets, it may be put into dirty vans or baskets, and finally it comes into contact with the naked hands of the persons who deliver it. All these things could be avoided if loaves were wrapped in paper before leaving the bakehouse.”

(e) SALE OF FOOD AND DRUGS ACTS.

The following table (for which I am indebted to the County Analyst) shows the work undertaken by the local authority during 1925. The table includes the figures which have been quoted in the section on Milk Supply, on page 141 of this report.

TABLE 26.—Shewing examinations by the County Analyst during 1925, under the Sale of Food and Drugs Acts.

Article.	Submitted by County Inspectors.					Submitted by Local Sanitary Authorities.				Submitted by Private Purchasers.	
	Number Examined.	Adulterated.	Genuine.	Inferior.	Percentage Adulterated.	Number Examined.	Adulterated.	Genuine.	Inferior.	Number Examined.	Adulterated.
Ammoniated Tincture of Quinine	15	...	15	...	...	...	...	...	...	...	...
Arrowroot...	8	...	8	...	...	...	...	...	...	...	...
Baking Powder ...	13	...	13	...	...	...	...	...	...	...	...
Boracic Acid Ointment ..	3	...	3	...	...	...	...	...	...	...	...
Brandy ...	36	1	35	1	2·8	...	...	...	...	...	...
Butter ..	293	...	293	...	...	7	...	7	...	...	...
Camphorated Oil...	9	...	9	...	...	1	...	1	...	...	...
Cake Flour ...	1	...	1	...	...	...	...	...	...	...	...
Cheese ...	5	...	5	...	...	...	...	...	...	...	...
Citric Acid ...	2	...	2	...	...	...	...	...	...	...	...
Cocoa ...	52	...	52	...	...	3	...	3	...	...	...
Cod Liver Oil ...	6	...	6	...	...	...	...	...	...	...	...
Coffee ...	62	...	62	...	...	1	...	1	...	1	...
Coffee and Chicory ...	5	...	5	...	...	...	...	...	...	...	...
Cornflour ...	14	...	14	...	...	...	...	...	...	...	...
Cream ...	16	2	14	...	12·5	1	...	1	...	4	...
„ preserved ...	11	...	11	...	...	7	...	7	...	...	...
Cream of Tartar ...	1	...	1	...	...	...	...	...	...	...	...
Crushed Linseed ...	4	...	4	...	...	...	...	...	...	...	...
Custard Powder ...	6	...	6	...	...	...	...	...	...	1	...
Flour ...	19	...	19	...	...	...	...	...	...	...	...
„ self-raising..	31	...	31	...	...	2	...	2	...	...	...
Gin ...	69	1	68	1	1·5	...	...	...	...	...	...
Ground Cinnamon ...	2	...	2	...	...	...	...	...	...	...	...
Ground Ginger ...	8	...	8	...	...	2	...	2	...	...	...
Ground Rice ...	20	...	20	...	...	1	...	1	...	...	...
Glycerine ...	2	...	2	...	...	...	...	...	...	...	...
Golden Syrup ...	2	...	2	...	...	...	...	...	...	...	...
Honey ...	1	...	1	...	...	...	...	...	...	...	...
Jam ...	70	...	70	...	...	...	...	...	...	...	...
Lard ...	97	...	97	...	...	3	...	3	...	...	...
Margarine...	196	...	196	...	...	3	...	3	...	...	...
Mercury Ointment ...	4	...	4	2	...	...	...	...	...	...	...
Mustard ...	32	...	32	1	...	1	...	1	...	...	...
Milk—New ...	1471	77	1394	77	5·2	84	1	83	...	436	32
Condensed ...	12	...	12	...	...	1	...	1	...	...	...
Goats' ..	...	...	...	...	...	...	...	...	...	36	...
Human ...	...	...	...	...	...	...	...	...	...	4	...
Separated...	2	...	2	...	...	...	...	...	...	...	...
Oatmeal ...	12	...	12	...	...	...	...	...	...	...	...
Olive Oil ...	11	...	11	...	...	...	...	...	...	...	...
Pearl Barley ...	1	...	1	...	...	...	...	...	...	...	...
Pepper ...	30	...	30	...	...	3	...	3	...	...	...
Preserved Peas ...	7	...	7	...	...	...	...	...	...	...	...
Rice ...	13	...	13	...	...	1	...	1	...	...	...
Rum ...	21	...	21	...	...	...	...	...	...	...	...
Sago ...	9	1	8	...	11·1	...	...	...	...	...	...
Spirits of Nitrous Ether ..	3	...	3	...	...	...	...	...	...	...	...
Shredded Suet ..	2	...	2	...	...	2	...	2	...	...	...
Sugar ..	53	...	53	...	...	2	...	2	...	...	...
Tapioca ...	18	...	18	...	...	...	...	...	...	...	...
Tea ...	15	...	15	...	...	...	...	...	...	...	...
Tincture of Iodine ...	4	...	4	...	...	...	...	...	...	...	...
Vinegar ...	10	...	10	...	...	2	...	2	...	...	...
Whisky ...	159	1	158	2	0·6	...	...	...	...	...	...
Various ...	...	...	...	...	...	12	...	12	...	65	3
TOTALS	2968	83	2885	84	2·8	139	1	138	...	547	35
	*										

* In addition to this figure, nineteen samples were taken informally and were all found to be genuine.

SANITATION OF HOPPER ENCAMPMENTS.

The gradual improvement in the condition of the encampments used by hop-pickers continues to educe reference from the local medical officers of health. Full credit should be given to some of the hop-growers for their admirable endeavours to improve the general conditions of the encampments, and the lot of the pickers; but no less should credit be bestowed on the officials of many of the hop-districts, whose close attention to sanitary conditions not only "keeps up the standard" of some farms, but has created and fostered such standards on the part of the more progressive growers.

Scavenging is one of the directions in which, apparently, there has been continued improvement, though Dr. Selby (*Faversham Rural*) mentions that tubs for refuse should be more general. Dr. Tuke (*Hollingbourn Rural*) reports that "serious attention is still needed in respect of overcrowding, latrines, water-supplies and flooring," though some improvements have been carried out in that district. Dr. Roberts (*Malling Rural*) noted unsatisfactory conditions on a few farms, though on the whole "the conditions steadily improve"; but he mentions that "sanitary accommodation is as a rule bad, and the condition of the latrines is often such that their use by decent folk is impossible."

Cases of infectious diseases among the pickers were again remarkably few—*e.g.*, no cases in *Hollingbourn Rural*, only one case *Malling Rural*, only a few cases (measles introduced by "foreign" pickers) in *West Ashford Rural*, and only fourteen cases (seven of them in one small outbreak of diphtheria in *Maidstone Rural*) in the South-West Kent United Health Area. Dr. Galbraith, of the last-named area, points out that although there is no doubt that the pickers bring the infection with them, insanitary dwellings so lower their health that the infection develops into disease, and cases are reported mostly towards the end of the picking "when in the dirty camps the accumulations of filth and rubbish begin to cause trouble."

Dr. Galbraith made a special report on the hop-picking season of 1925, as he did on the 1924 season, and this report is indicative of the careful supervision exercised by the health officials. Some points of interest from this report are appended here

For a very long time (probably since the great cholera epidemics in 1856) medicine for the treatment of diarrhœa has been provided, free, for the use of the pickers. The Ministry of Health has advised that this be discontinued, as with improved sanitary conditions and the provision of medical huts in each village the need of this mixture has largely disappeared.

Dr. Galbraith advocates the reservation of one hut, at a distance of fifty feet from other dwellings, for the temporary isolation of cases of infectious diseases; and he is satisfied that, with most growers, this need will be met when attention is drawn to it.

The dispensaries of the British Red Cross Society and the Hop-pickers' Medical Missions, and the small hospitals for the temporary treatment of serious cases before their removal to the general hospitals of the district, continued their invaluable work. These twenty-two dispensaries treated 7,154 patients, who made 14,324 attendances ; and Dr. Galbraith is of opinion that these figures "reveal an amount of invalidity among the pickers which should be inquired into. It points to the need for greater improvements in the dwellings provided for the accommodation of the pickers." 237 cases of "hoppers' rash" and 187 cases of "hoppers' eye" were reported ; and the general opinion is that the growers should make provision for the treatment of such cases of occupational diseases, and could do so by subscribing liberally to the dispensaries.

Much good work has been done in such directions as improved water supply, extra cookhouses and extra latrines ; increased light and ventilation were provided in over 300 huts ; many huts have been floored with wooden boards, chalk or concrete ; and, to some huts, concrete or clinker paths have been made.

With many of the growers it is found that suggestions are well received. The provision of coppers for boiling water not only prevented burns and scalds—from the growers' standpoint it saved fuel and lessened fire-risks. The provision of rubbish-bins along the lines not only prevented unhealthy accumulations of rubbish, but saved labour in collecting the same.

The comfort of a fixed wooden bedstead in the huts is appreciated by the pickers, lessens the bulk of luggage to be dealt with by the Railway Company, and saves the grower the yearly labour of providing faggots for bedding. "All bedding straw used by pickers must be burned after their departure—the reprehensible practice of a few growers of using this for packing or storing apples must cease."

With regard to the huts themselves, Dr. Galbraith makes the following comments :—

"The byelaws for the decent lodging of hop and fruit pickers deliberately use the word "dwellings." Evidently at the time of their adoption, fifty years ago, the idea of dwelling was carried out in the solid brick structures which are still the best accommodation for the pickers. Since then an impression seems to have grown that anything is good enough for the hoppers, and ramshackle shanties of every conceivable size and structure have been erected throughout the countryside. It is argued that the growers cannot be expected to provide permanent dwellings for use only in one month in the year ; the same argument should apply to the great capital outlay in wiring, cultivation and washing of the hop-plants. Unpicked hops represent no profit, and it must be realised that hop-growing and hop-picking (which involves the welfare and care of the picker) are one and the same business,

One is more than ever amazed at the variety of materials of which hoppers' dwellings are constructed. Last year we found some made of old boxes ; this year we saw some straw ones which, if in Central Africa, would make excellent Kaffirs' kraals, but they do not suit our climate. No straw dwellings will be allowed in future ; that the danger from fire is serious is shown by the fact that this year forty huts, some of corrugated iron, were burned down. Most new huts now being built are of this material, but some growers are also beginning to make use of concrete for the walls as well as floors. In collaboration with Colonel Harris, Surveyor to Tounbridge Rural District, standard plans of huts, cookhouses, etc., are being prepared. Copies will be available for growers in due course. It is hoped that these will be helpful in avoiding costly mistakes in structure."

Several cases of overcrowding were reported on farms belonging to the same firm. The cases were as follow :—

Hut measuring 12 feet by 10 feet, no partition, occupied by four families (nineteen individuals).

Hut measuring 10 feet by 9 feet, earth floor about a foot below ground level and often flooded, occupied by four families (seventeen individuals).

Hut measuring 10 feet by 9 feet, occupied by three families (fifteen individuals).

Dr. Galbraith writes :—"With my inspectors I visited these huts after 9 p.m. The crowded, unhealthy conditions could not be described with words in the English dictionary. The Maidstone Rural Council, without hesitation, and unanimously, decided to prosecute the firm concerned " The Bench considered that fourteen breaches of the Bye-laws had been proved, and the grower was fined a total of £17 10s. 0d. ; whilst the costs, which amounted to £60, were not allowed to the council.

All the other camps in this district have been considerably improved.

Two medical officers from the Ministry of Health spent twelve days in the area, and investigated conditions in detail. Two growers were reported—one who refused to provide ventilation in the huts, and another who refused to provide sanitary accommodation ; and one of the medical officers emphasised the necessity for more attention being paid to the scavenging and general cleanliness of the dwellings. " While it was noted that many growers have carried out improvements, it was felt to be only fair to them that the few defaulters should be brought up to the general standard."

The investigations of the two medical officers referred to above resulted in a most interesting report by one of them—Dr. A. C. Parsons. Space does not allow of exhaustive quotation from this document, but the "general conclusions" therein may be reproduced here with advantage :—

“It is evident that the lot of the Kentish hop-pickers during the past two years or so has been greatly improved in every direction. The matter of transport to and from the hop fields has been taken up in a most thorough way by the voluntary ‘Hop-picking Committee for South-West Kent’ of which Mr. and Mrs. Spender respectively are Chairman and Honorary Secretary. Through this committee the Southern Railway and the local branches of the National Farmers’ Union have been brought into co-operation and the result has been a remarkable improvement in the rail conditions under which hoppers are carried to and from the hop-fields. An appreciation of this fact appeared in a letter to the “Times,” of September 15th, 1925, from Father Richard Wilson.

“As regards the conditions of life in hop-picking camps there has also been undoubted improvement. The change for the better has not been so great perhaps as the improvements which have taken place in travelling conditions; but public opinion is helping local health authorities in their efforts to raise the general standard of camp conditions. Moreover, the example of those growers who, not content with the bare minimum of legal requirements, are actually realising some ideals in the management of their camps, is also having effect. The average grower is anxious to make his pickers as comfortable as his means allow and to this end he has during the last two or three years accepted, and profited by, the guidance of the local health authorities. Recognition is due to the good work that has been done by medical officers of health in the districts under review. Sanitary reform in the hop fields has its peculiar difficulties, but these are gradually being overcome by tact and discretion.

“In particular I was impressed by the number of instances in which the sanitary inspectors have managed by persuasion to bring about many improvements, some of them involving a good deal of outlay.

“But there still remain a minority of growers who are not so amenable, whose attitude of mind towards hop-pickers is not helpful, and whose camps from a sanitary and social point of view still offend both the letter and the spirit of the bye-laws.

“Speaking generally, and referring to all camps except the model ones, reform is chiefly needed as regards camp-scavenging, latrine accommodation and flooring of huts; the question of overcrowding in some camps needs very serious attention before next year.

“The growing desire on the part of volunteer helpers to provide more medical and social facilities is noteworthy. In particular, I think that the conception, construction, staffing and maintenance of the six-bedded hospital at Marden is a fine instance of voluntary service in the public interest.”

HOUSING.

Tables 27 and 28 show the action taken in each district in the county with regard to housing inspection and the remedy of defects, and the same tables show the number of new houses erected during the year, either privately or by the local authority.

A comparison of certain of the figures with the corresponding figures of the four previous years is interesting :—

	1921.	1922.	1923.	1924.	1925.
Houses inspected	30778	30339	40864 +	35262	33082
Houses found unfit for human habitation	183	274	249	221	231
Closing Orders made	90	112	83	120	100
Houses demolished	77	47	25	66	30
Houses where remedy of defects was effected	11509	13886	15214	14069	13575
New houses erected.....	*1237	3094	2417	3204 +	4466
Approximate shortage.....	?	5554 +	5758 +	8740 +	9742 +

* Includes also number in 1920.

It will be seen that the situation shows no improvement as regards the county as a whole, and it must be admitted that progress in this vital matter has been disappointing. A shortage of 9,742 houses (2,609 to replace unsatisfactory property and 7,133 to provide additional accommodation) cannot be regarded with equanimity. Housing is one of the “corner stones” upon which the health and well-being of the community must ultimately rest; and the “laissez-faire” attitude, to which too many authorities seem prone, will one day evoke a heavy reckoning. There exists a need, and immediate means should be found of meeting such need.

Information respecting remedy of various housing nuisances is contained in tables 29 and 30, and summaries of official circulars, etc., on pages 17-19.

I quote some extracts from the reports and schedules of the district medical officers of health :—

Bexley U There are upwards of 600 applicants for council houses, principally persons now living in rooms. The council contemplates building another hundred houses. “There is every reason to believe that overcrowding does exist, and to a large extent, but in the absence of housing accommodation it is impossible to find a solution to this problem.”

Broadstairs and St. Peter's U.—Though there is still need of houses for the working classes, considerable progress is being made. The council has commenced to build forty-four houses; a loan, to provide subsidies of £100 on each of thirty houses, has been obtained; another loan for the same amount has been applied for in respect of a further thirty houses; and sixteen houses are being erected, under the 1924 Act, by private enterprise, with financial assistance by way of subsidy.

TABLE 27.—Showing housing inspections, the remedy of defects, building activities and housing shortage in the **Urban** Districts of Kent during 1925.

DISTRICT.	For Housing defects (under P.H. or Housing Acts).	Total number of dwelling-houses inspected.	Under Housing (in respect of) Defects (under P.H. or Housing Consolidated Regulations, 1925).	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.	Number of dwelling-houses (exclusive of those referred to in the preceding column) found not to be in all respects reasonably fit for human habitation.	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers.	Proceedings under Section 3 Housing Act, 1925.				Proceedings under Public Health Acts.			Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925.					Number of new houses erected during the year.			Approximate shortage of housing accommodation for the working classes.					
							Number of dwelling-houses in respect of which notices were served requiring repairs.	Number of dwelling-houses rendered fit after service of formal notices.	Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close.	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied.	Number of dwelling-houses in which defects were remedied after service of formal notices.	Representations made with a view to the making of Closing Orders.	Number of dwelling-houses in respect of which Closing Orders were made.	Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit.	Number of dwelling-houses in respect of which Demolition Orders were made.	Number of dwelling-houses demolished in pursuance of Demolition Orders.	Total.	With State assistance under the Housing Acts, 1919 or 1923.		To replace unsatisfactory property.	To provide additional accommodation.						
																		By Owners.	By Local Authorities in default of Owners.			By Owners.	By Local Authorities in default of Owners.	By Owners.	By Local Authorities in default of Owners.	By the Local Authority.	By other bodies or persons.
Ashford	568	110	3	283	198	—	—	—	—	85	85	—	3	1	—	—	59	—	51	80	60						
Beckenham	709	161	—	519	471	—	—	—	—	48	48	—	—	—	—	—	294	—	70	—	200						
Bexley	539	51	1	280	241	6	—	5	—	18	17	1	—	—	—	—	128	—	82	?	?						
Broadstairs and St. Peter's	185	35	1	35	173	—	—	—	—	3	2	—	1	1	—	—	95	—	95	19	85						
Bromley (Borough) ..	776	447	—	526	403	—	—	—	—	123	123	—	—	—	—	—	136	—	—	100	300						
Chatham (Borough) ..	673	220	—	197	380	13	—	9	—	60	54	—	—	—	—	—	61	45	—	100	200						
Cheriton	8	—	—	8	8	—	—	—	—	8	8	—	—	—	—	—	18	—	48	—	—						
Chislehurst	493	—	—	—	105	—	—	—	—	—	—	—	—	—	—	—	23	—	23	—	100						
Crayford	375	59	1	58	356	19	—	18	—	12	12	—	—	—	—	—	8	—	6	50	300						
Dartford	414	213	—	123	204	—	—	2	—	13	14	—	—	—	—	—	204	128	50	112	200						
Deal (Borough)	—	148	—	—	23	14	—	14	—	32	32	—	—	—	—	—	35	—	11	?	?						
Dover (Borough)...	121	106	5	70	47	10	—	20	—	15	8	—	5	5	—	—	61	53	—	63	122						
Erith	558	291	3	255	85	—	—	—	—	421	368	—	3	3	—	4	66	18	12	100	500						
Faversham (Borough) ..	1679	179	5	482	359	10	—	3	—	21	8	—	2	2	1	—	6	—	4	20	50						
Folkestone (Borough) ..	447	—	33	49	283	—	—	—	—	385	109	—	—	—	—	—	32	—	7	80	250						
Gillingham (Borough) ..	476	101	—	24	294	—	—	—	—	476	139	—	—	—	—	—	172	—	167	60	900						
Gravesend (Borough) ..	1138	490	8	1111	769	—	—	—	—	1103	769	—	7	5	—	5	58	32	26	250	300						
Herne Bay	298	135	17	100	75	—	—	—	—	25	23	—	—	—	—	—	92	—	39	25	80						
Hythe (Borough)...	39	39	5	31	25	—	—	—	—	6	4	—	5	5	—	—	116	50	1	40	80						
Lydd (Borough)	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	20						
Maidstone (Borough) ..	711	99	1	652	480	—	—	—	—	553	398	82	1	1	—	—	231	109	111	150	500						
Margate (Borough) .. .	2205	189	6	78	97	3	—	5	—	23	20	—	6	6	1	—	211	48	25	111	200						
Milton Regis	342	96	—	—	81	—	—	—	—	22	19	—	—	—	—	—	4	—	2	—	50						
New Romney (Borough) ..	67	67	—	1	2	—	—	—	—	2	2	—	—	—	—	—	3	—	—	—	—						
Northfleet	657	300	—	—	462	—	—	—	—	357	312	—	—	—	—	—	67	—	63	—	300						
Penge	680	179	—	594	563	15	—	15	—	16	16	—	—	—	—	—	75	—	—	20	50						
Queenborough (Borough) ..	35	—	—	—	28	—	—	—	—	10	10	—	—	—	—	—	*	*	*	—	—						
Ramsgate (Borough) .. .	310	115	2	193	51	—	—	—	—	199	9	—	1	1	—	1	106	—	26	?	?						
Rochester (City) .. .	234	75	2	73	227	18	—	38	—	18	15	—	4	4	2	2	79	50	16	50	100						
Sandgate	112	141	—	23	22	—	—	—	—	1	—	1	1	1	—	—	5	—	—	—	—						
Sandwich (Borough) .. .	36	36	1	12	12	—	—	—	—	—	—	—	—	—	—	—	18	12	6	30	30						
Sevenoaks... .. .	375	27	—	258	247	27	—	27	—	230	221	—	—	—	—	—	33	—	26	24	50						
Sheerness	251	37	2	35	170	1	—	1	—	13	8	—	2	2	17	2	8	—	5	150	50						
Sidecup	134	31	—	27	121	3	—	3	—	7	7	—	—	—	—	—	46	—	8	—	100						
Sittingbourne	2355	439	—	133	108	24	—	24	—	—	—	—	—	—	—	—	1	—	1	—	100						
Southborough	93	30	—	89	68	6	—	6	—	—	—	—	—	—	—	—	14	—	—	20	30						
Tenterden (Borough) .. .	48	35	—	29	23	5	—	4	—	—	—	—	—	—	—	—	1	—	—	20	20						
Tonbridge	390	92	—	178	84	5	—	5	—	24	24	—	—	—	—	—	73	38	24	—	126						
Tunbridge Wells (Borough) ..	9	40	—	40	40	—	—	—	—	10	10	—	—	—	—	—	79	—	47	12	88						
Walmer	—	163	—	1	1	—	—	—	—	57	52	—	—	—	—	—	28	12	4	—	—						
Whitstable	180	102	3	142	90	22	—	19	—	21	16	—	1	1	—	—	126	—	96	—	—						
Wrotham	26	38	26	28	40	4	—	3	—	51	3	—	2	1	—	—	26	—	10	118	150						
Totals in Urban Districts	19046	5116	125	6737	7518	205	219	4	2	4468	3017	84	44	39	22	12	22	2928	595	1162	1816 +	5703 +					

* Queenborough B.—Six houses were commenced during the year, all with State assistance under the Housing Acts. Four of these were erections by the Local Authority.

† Southborough U.—In half at end of year.

TABLE 28.—Showing housing inspections, the remedy of defects, building activities and housing shortage in the **Rural** Districts of Kent during 1925.

DISTRICT.	Total number of dwelling-houses inspected.		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.	Number of dwelling-houses (exclusive of those referred to in the preceding column) found not to be in all respects reasonably fit for human habitation.	Number of defective dwelling-houses rendered fit by compliance of informal action by the Local Authority or their Officers.	Proceedings under Sec. 3 Housing Act, 1925.				Proceedings under Public Health Acts.			Proceedings under Sections 11, 14 & 15 of the Housing Act, 1925.					Number of new houses erected during the year.			Approximate shortage of housing accommodation for the working classes.	
	For Housing defects (under P.H. or Housing Acts)	Under Housing (Inspection of District) Regulations 1925.				Number of dwelling-houses in respect of which Notices were served requiring repairs.	Number of dwelling-houses rendered fit after service of formal notice.		Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close.	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied.	Number of dwelling-houses in which defects were remedied after service of formal notices.		Representations made with a view to the making of Closing Orders.	Number of dwelling-houses in respect of which Closing Orders were made.	Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit.	Number of dwelling-houses in respect of which Demolition Orders were made.	Number of dwelling-houses demolished in pursuance of Demolition Orders.	Total.	With State assistance under the Housing Acts 1919 or 1923.		To replace unsatisfactory property.	To provide additional accommodation.
							By Owners.	By Local Authorities in default of Owners.			By Owners.	By Local Authorities in default of Owners.							By the Local Authority.	By other bodies or persons.		
Ashford, East	163	62	7	37	14	—	—	—	—	15	15	—	8	8	—	2	2	56	—	37	37	40
Ashford, West	137	137	7	18	18	—	—	—	—	24	24	—	4	4	—	2	—	35	—	24	20	50
Blean	191	47	8	144	133	1	—	—	—	8	4	—	4	1	—	—	116	—	58	25	20-25	
Bridge	107	48	4	34	4	15	15	—	4	15	15	—	4	4	—	—	33	—	2	2	—	
Bromley	232	51	7	225	160	—	—	—	—	72	65	—	3	3	—	—	296	34	6	50	90	
Cranbrook... ..	48	46	—	46	30	—	—	—	—	5	5	—	—	—	—	—	21	—	21	50	60	
Dartford	477	220	9	272	228	34	141	—	7	200	195	—	11	11	—	4	140	70	24	59	450	
Dover	67	40	1	6	5	2	1	—	—	17	17	—	—	1*	—	—	22	—	—	30	—	
Eastry	96	63	3	29	29	—	—	1	—	29	29	—	—	—	—	2	27	—	17	45	78	
Elham	86	74	—	51	39	—	—	—	—	—	—	—	—	—	—	—	46	—	46	50	30	
Faversham	592	592	—	248	248	—	—	—	—	2	—	2	—	—	—	—	18	—	9	20	40	
Hollingbourn	537	136	7	129	59	45	40	—	6	129	100	—	7	6	—	—	33	—	11	50	100	
Hoo	15	—	10	5	10	—	—	—	1	5	5	—	1	1	—	—	16	—	16	60	100	
Maidstone... ..	228	34	4	15	116	2	—	2	—	—	—	—	—	—	—	—	69	—	31	50	60	
Malling	150	150	2	89	83	6	6	—	—	9	9	—	3	—	2	—	59	—	17	60	100	
Milton	1256	962	—	173	164	9	9	—	—	—	—	—	—	—	—	—	171	—	136	—	100	
Romney Marsh	72	72	2	7	5	18	14	—	—	17	12	—	3	2	1	—	27	—	15	30	40	
Sevenoaks	214	86	1	203	203	—	—	—	—	2	2	—	1	1	—	—	111	—	42	—	120	
Sheppey	28	74	—	—	64	—	—	—	—	—	—	—	—	—	—	—	48	—	22	—	—	
Strood	232	112	26	78	74	3	3	—	—	5	1	—	26	11	—	—	46	—	15	50	+	
Tenterden... ..	36	36	—	12	8	4	—	—	—	—	—	—	—	—	—	—	17	—	7	15	12	
Thanet	161	12	8	75	41	1	—	—	—	5	4	9	8	8	—	3	73	—	18	60	30	
Tonbridge... ..	382	361	—	233	221	6	6	—	—	—	—	—	—	—	—	—	58	—	27	30	30	
Totals in Rural Districts	5505	3415	106	2129	1956	146	235	2	20	459	502	11	87	61	5	9	8	1538	104	601	793 +	1430 +
Totals in Urban Districts	19046	5116	125	6737	7518	205	219	4	2	4468	3017	84	44	39	22	12	22	2928	595	1162	1816 +	5703 +
Totals for County ...	24551	8531	231	8866	9474	351	454	6	22	5027	3519	95	131	100	27	21	30	4466	699	1763	2609 +	7133 +

* Dover R.—One house closed voluntarily.

+ Strood R.—Some overcrowding due to "overflow" of workers from adjacent towns.



Dr. Watts writes:—"Dealing with local housing conditions, it appears to be a matter for regret that the advantage of a subsidy under the 1923 Act is not taken greater advantage of by existing residents. The majority of the new houses purchased under this scheme are being occupied by residents new to the district—which does not assist local conditions in the least."

Chatham B.—Dr. Holroyde presented a special report on the subject of housing in his area, and this report makes very interesting reading. He points out how that some progress was being effected up to the outbreak of war in 1914, but since the war the erection of new houses has equalled a yearly average of forty-three houses against a pre-war average of seventy-five, notwithstanding an increasing population. The housing question, in his opinion, "gets more and not less acute, especially in regard to the cheaper class of property. . . . The conditions in regard to housing since the war are of a very serious and exasperating character for many occupiers, especially in regard to overcrowding, to the joint occupation of dwellings only suitable for one family, to the use of one or two furnished rooms by young couples, and to the difficulties of securing repairs. The latter is emphasized by the fact that in some instances it is impossible to carry out adequate repair without temporary vacation of the dwelling."

Dr. Holroyde then enumerates his indictments against the "large number of old, dilapidated and insanitary houses, situated in narrow, close and badly arranged streets." In concluding a formidable list he adds:—"Conditions of this kind are discreditable, and I have yet to hear any valid reason for their continuance."

The slum problem cannot be dealt with effectually unless houses are provided in large numbers. A housing scheme should coincide with a campaign against overcrowding and insanitary houses "because the housing problem is at bottom a health problem, and we cannot get away from the fact that better environment is an important factor in disease prevention."

Dr. Holroyde advocates the acquisition of certain sites, the erection of houses thereon, and the consequent freeing of insanitary dwellings for closure and demolition. He pleads for "a decision to utilise the wide powers which local authorities possess, and to keep in mind the fact that continued shortage of house room will accentuate the evils which are its direct result, and that bad health, overcrowding, lack of decency and comfort are productive of discontent, which if it is continued and increased will become a very serious menace to general peace and prosperity. I have always endeavoured to take a moderate view of this question and to avoid either undue complacency or undue alarm, but I should be lacking in my duty as your health adviser if I neglected to place before you the facts of the problem as I see them, and to urge as strongly as I can the necessity for such action as will give some measure of relief to conditions which are well nigh intolerable."

Dartford U.—On page 9 will be found a reference to the Inquiry, held by an Inspector of the Ministry of Health, into certain preliminary proposals for town-planning on the western side of the Dartford Urban District. The Urban District Council had approved these proposals.

At this inquiry, certain land-owners urged that the scheme, which zoned their land for residential purposes, should be so modified as to permit development for commercial purposes, and also for the working of gravel-pits. These suggestions were not considered desirable, and were not included in the preliminary proposals. The Minister of Health pointed out that it was competent to include provisions in a town-planning scheme prohibiting the working of gravel; but any such provisions, under the present law, carry with them the right of any person whose property is injuriously affected thereby to obtain compensation, as the working of gravel, as such, cannot be governed as can character of buildings, so as to exclude claims for compensation.

Efforts have been made to obtain from the owners releases from possible claims for compensation which it is impossible at the present time to value; nor is it possible to adopt a scheme permitting the owners of the land to work gravel, as this would defeat what is (in the Committee's view) the whole object of the scheme—preservation of the amenities of the area.

It was proposed to submit these views to the Minister of Health, and unless the Minister was prepared to suggest a course, acceptable to the council, which will have the effect of getting rid of the existing obstacles which prevent the preparation of an economical and satisfactory scheme, the council recommended that the scheme be abandoned.

No further developments have taken place at the time of writing.

The 204 houses built in this district during 1925 constitute a definite progressive step in the housing-problem, as for the four preceding years the yearly average of new houses had reached only thirty-seven. The need for more working-class houses is still great, however, and the shortage and consequent lack of alternative accommodation holds up the work of dealing with the worn-out and insanitary property in the town.

Faversham B.—The council have in hand a scheme to erect thirty houses. "The difficulty is that these houses cannot be let at a rent that can be paid by the poorer classes who occupy the old property that we should like to demolish." As the smaller houses become empty and free from the Rent Restriction Acts, rents are increased "to a similar impossible figure." Instances can be shown where houses, let at 4s. 6d. per week pre-war, are now let at 18s. 6d. per week. There are some very old houses which cannot be dealt with owing to the lack of alternative accommodation, and the same factor operates in such cases of overcrowding as are discovered.

Gillingham B.—“Full benefits for money spent by the Health Committee will not accrue so long as there is a shortage of houses, with resultant overcrowding. . . . An acceleration in the speed with which houses are being provided is therefore urgently necessary, especially as the arrears of the war years have yet to be overtaken. As long as ten to fifteen per cent. of all houses are occupied by more than one family, conditions inimical to health must of necessity prevail.”

Herne Bay U.—The shortage of working class dwellings is still regarded as acute. The council has erected twelve houses, and a further five are under construction intended for tenants of houses to be demolished for street improvement. A scheme is under consideration for the erection of sixty working class dwellings and eighteen houses of a superior type. The Small Dwellings Acquisition Act has been adopted, and advantage is being taken of the same.

An inspection of 106 working class houses in a poor neighbourhood showed that seventeen should be closed for demolition, twenty-five should be closed for reconstruction, and thirty were in need of repair.

Maidstone B.—The council has erected since the war 422 houses of the cottage type, and the building of a further five hundred is in hand, the land having been bought and clearing undertaken; but the shortage in the district is still acute, and there is still a considerable amount of overcrowding. The number of applicants for council houses is over eight hundred.

Milton Regis U.—In the last annual report for Kent (page 91) reference was made to a model-village housing scheme which was being carried out (by Messrs. Edward Lloyd, Ltd.), at Kemsley in this district. This laudable undertaking, now completed, merits further reference.

There are 176 houses, of four grades, with different elevations in order to avoid monotony. The village has its own water-supply, drainage-system and sewage-disposal works.

All the houses are electrically-lighted, and various electric fittings are obtainable on hire at the lowest possible charges. All power and light is supplied from the mills of the employers, at cost price. Every house has hot and cold water laid on throughout, with a washing-copper of the latest design, and a deep sink with double draining-boards. All front gardens are laid out and kept in proper condition by the owners.

The concrete-surfaced roads are separated from the footpath by six-feet grass verges, with trees of different species planted therein at twenty-feet intervals.

Five acres of land is reserved for playing-fields, additional provision is made for tennis-courts and cricket-pitches, and open-air swimming baths are to be constructed.

Queenborough B.—The housing shortage is not acute, as trade has not improved and factories remain closed. Tenders were accepted for four experimental houses of the non-parlour type; and a scheme for thirty-eight has been prepared.

Ramsgate B.—“There is still a most serious shortage of housing accommodation for the working-classes. The council have purchased land and have prepared a scheme for the erection of three hundred workmen’s houses, to be let at a weekly rental, and eighteen of these are now in course of erection.”

Sandwich B.—There is some overcrowding. The housing-scheme of the council has been extended to a total of sixty-four houses, forty-four of which are completed. There is considerable demand for cottages of a lower rental. An increase in population in the near future is anticipated, owing to development of the coal and allied industries.

Sittingbourne U.—An inspection of the whole of the district revealed the facts that 237 houses were occupied by more than one family; that twenty-six families were living and sleeping in one room each; and that there were forty cases of overcrowding.

During the past three years there has been only one house erected by private enterprise, with the exception of four cottages built to replace four others converted into business premises.

Tenterden B.—There is still overcrowding in many of the cottages.

Tonbridge U.—Although the council has erected 204 houses to date, there are still 212 names on the register of applicants. When the present scheme of another 86 houses is completed there will still remain 126 names on the register.

Tunbridge Wells B.—General housing conditions are, on the whole, satisfactory. There were some cases of overcrowding, the majority being due to the shortage of houses.

Whitstable U.—The sanitary inspector writes:—“The district is fortunate in not possessing any slum areas, but there are numerous houses which are totally unfit for human habitation and a considerable number which have, during the war and the trying times since, been allowed to get into a state of bad repair. These working-class areas are potential slums, and I would venture to suggest to those who fail to realise the necessity for putting these houses into a reasonable state of repair that it is futile to develop the extremities of the town with a view to making a health resort of it when there are slums germinating in its midst.”

A report on overcrowding in the district was presented, and the council has decided to erect twelve working-class houses.

Wrotham U.—Overcrowding is very bad.

East Ashford R.—There is general shortage, but the extent is difficult to estimate.

Blean R.—There is not a great shortage of houses for rural workers, but additional houses are required to meet the needs of the younger generation who have now reached marriageable age. The council has, therefore, submitted to the Ministry of Health plans of a type of house which would cost £295; and if these are approved, the council is prepared to adopt Section 2 of the Housing Act, 1923.

About 75 % of the defects found are due to lack of supervision and omission of early remedy of small defects on the part of owners.

Bridge R.—Dr. Day finds it difficult to make any reliable statement as to the actual shortage of housing accommodation in this district, since most of the miners' families will move to the new colliery towns when such are built, thus vacating existing premises for occupation by other families.

Many houses, found to be so defective at the time of inspection as to suggest that they should be condemned, have been reconditioned and are no longer unsatisfactory. "Many of these old houses are now better premises than some of the newer buildings erected of late years."

These same remarks apply in the case of *Eastry Rural*.

Bromley R.—"There is a shortage of working-class houses in Orpington, Mottingham, Farnborough, Chelsfield, Cudham, Downe, Hayes and West Wickham."

Dartford R.—Over five hundred houses have been erected during the past five years. The council has erected 368; a further 126 are in course of construction; many more will be built during 1926, in various parishes; "and even this will leave many applicants without a house." The new houses have relieved the situation to a material extent, but "there are many families still living in one or two rooms, without the necessary conveniences of ordinary life."

Dr. Richmond remarks that "the tenants are not supposed to sublet, but the rents being so high, sub-letting is very common, which leads to overcrowding."

Almost all the houses erected by the council have been built by direct labour, with a subsidy from the Ministry of Health.

Elham R.—Requirements are being met by private enterprise.

Faversham R.—Since the hop-picking season, nine or ten families have been found, in various parts of the district, still occupying hop-pickers' huts during the winter months, owing to the scarcity of houses. The sanitary inspector writes :—"These families have the advantage of occupying more than one hut for their use, and until there are more houses in the district I am afraid this state of things will continue. Overcrowding still exists and nothing has at present been done in the areas to diminish it. There are several houses in the area which I have condemned and for which closing orders have been made, but the tenants cannot be turned into the street, and there is no other accommodation for them except the Guardians' Institute."

Malling R.—"There is little or no overcrowding in a legal sense, though the inconvenience resulting from two families so often living in the highly-rented recently-built small houses is very noteworthy."

Of 150 houses inspected during the year, only sixty-one were satisfactory.

Thanet R.—Following a special report on the housing conditions of the parish of Acol, the council decided to erect an additional twelve houses to meet the needs of that parish.

There is a great shortage of houses in the district, and many cases of overcrowding exist. In nearly every parish there are several old properties which should be closed for repair or demolition, but lack of other accommodation compels the continued occupation of these undesirable houses.

It is impracticable to serve notices except in very gross cases of overcrowding, as it may happen that the persons quit the premises and occupy other unknown premises where the conditions are even worse.

South-West Kent United Health Area.—"There is still a large demand for houses—in Tonbridge Urban District, for instance, 212 names are still on the waiting list. Overcrowding does not seem so prevalent; fourteen cases have been found by the inspectors At Marden, I found one house with four adults and seven children sleeping in one bedroom. It has been noted that where cases of infectious disease occur there is frequently overcrowding. It is better, therefore, to build houses rather than provide hospital treatment.

"There is a good deal of unfit property, particularly cottages, in the rural districts. I hesitate in most cases, however, to advise closing and demolition to further aggravate the housing problem. In one district, for instance, a large family ejected three years ago on a closing order has since been living in much worse conditions in a hopper hut."

WATER SUPPLY.

Many improvements in water-supplies have taken place in the past five years, including extensions of mains in several areas. Generally speaking the supplies are satisfactory both in quantity and quality, except in certain places where public supplies are difficult of access, and where the provision thereof becomes a large financial problem.

The following notes show the improvements reported from various districts during 1925 :—

Broadstairs U.—A reinforced concrete reservoir-tower and tank were provided, the tank to hold 250,000 gallons and the reservoir 350,000 gallons. In addition a new pumping-plant was supplied, and additions made to the water-softening plant.

Chatham B.—A new boring is in progress, and another reservoir is to be provided to coincide with this development.

Folkestone B.—The largest reservoir has been emptied and cleaned.

Herne Bay U.—Work in connection with the Herne Bay Water Company's works at Ford was completed during the year. The quality of the water is now satisfactory.

Maidstone B.—A fresh supply was provided to forty-nine houses on a complaint of slow and inefficient service. A new reservoir has been erected on the high ground to the south of the town.

Margate B.—The adits at Wingham were extended.

Sandgate U.—The question of augmentation of supply is under consideration by the council.

Sandwich B.—Some complaints of shortage led to expert advice being obtained, and as a consequence new mains of a larger calibre are being laid.

Sevenoaks U.—Extension of mains in various parts of the district.

Sheerness U.—The old corroded service-pipes are being replaced with lead pipes, "and as each area is repaired, and the source of leakage and possible contamination and waste stopped, so each area is gradually receiving a constant service." (Part of the town is still supplied on the "intermittent" system.)

Tonbridge U.—Special plant was erected by the Tonbridge Water Company at its works, to aerate the water and thus lessen the iron content.

Whitstable U.—A new fifteen-inch boring, six hundred feet deep, and improvement of another boring, have augmented the supply to an extent that renders unnecessary the cutting off of water at any time during the summer months; the council are also at present negotiating with a water company (outside the district) for a further augmentation of their supply, and a large scheme for the provision of additional mains is in progress.

The water contains an excessive quantity of oxide of iron in suspension—not dangerous to health, but “objectionable in appearance and detrimental to washing and other such industries.”

Cranbrook R.—Water was laid on to the village of Frittenden. In this district 58 % of all the houses are now connected to a company supply.

Faversham R.—There was an extension of the Mid-Kent Water Company's mains through Stalisfield, Eastling, Painter's Forstal and Ospringe.

Hollingbourn R.—The mains of the Mid-Kent Water Company in Broad Street, Hollingbourn, were extended to Cobham Farm at Thurnham, to Black Horse Lane at Thurnham, and to Marley Road at Harrietsham. Waters from two wells at Boxley were submitted for analysis; both were of doubtful nature, so the wells were closed and main-water is now supplied.

Hoo R.—A new eight-inch main (replacing the former four-inch main) was laid.

Malling R.—The Robin Hood Estate on Blue Bell Hill is now supplied from the mains of the Mid Kent Water Company.

Romney Marsh R.—The council has received the sanction of the Ministry of Health to the loan needed to pay for laying mains to Dymchurch, and the contract will be completed. Thus the question of water supply to this growing holiday resort—a matter which has been referred to for several years past—may now be regarded as settled.

Tenterden R.—Water was laid on, by the Mid-Kent Water Company, to Woodchurch, and there was extension of the mains at Wittersham and Biddenden.

There were a few reports of deficiencies, &c., of supplies, as follow :—

Southborough U.—Complaints have been received with regard to the excess of iron deposit.

East Ashford R.—There were complaints concerning the water-supply of the parish of Orlestone.

Blean R.—A public supply is required for Blean, Tyler Hill and Swalecliffe. Complaints have been received from the last-named parish.

Bromley R.—Extension of mains is needed at Biggin Hill, in the parish of Cudham, where many houses now have rain water tanks only.

Elham R.—A supply is required for the parishes of Hawkinge and Swingfield.

Faversham R.—The parish of Selling would benefit greatly by a public supply, but such a supply is not obtainable.

Hollingbourn R.—A main supply is required in Bredhurst, Stockbury, and parts of Boxley, Ulcombe, Headcorn and Chart Sutton.

Tenterden R.—Several complaints were received of the unsatisfactory water supply from wells in Appledore, and, of sixteen samples analysed, thirteen were reported to be unfit for drinking; but the Appledore Parish Council are of opinion that “there is no general desire in the parish for a public supply.”

Thanet R.—The water-supply of the village of Sarre has been under consideration during the year. Negotiations were commenced with the Margate Borough authorities, for the supply of water from their main, which passes within one mile of the village. Technical difficulties have “held up” the scheme, but it is hoped that the supply will be available early in 1926.

The tabular statement on pages 162–164 shows the parishes in the rural districts, and the means of supply.

All the towns have public supplies.

Information as to the number of houses not connected with the public supply, in each sanitary area, is given in Tables 29 and 30.

Showing the chief sources of water-supply in the various parishes of the Rural Districts of Kent, in 1925.

RURAL DISTRICT.	Parishes supplied mainly by Water Companies.	Parishes supplied mainly by Wells, or other sources. (Wells unless otherwise stated).
Ashford, East ...	... Brook, Kennington, Sevington, Willesborough, Wye	Aldington, Bilsington, Bircholt, Bonnington, Boughton Aluph, Brabourne, Challock, Chil- ham, Crundale, Eastwell, Godmersham, Hastingleigh, Hinxhill, Hurst, Mersham, Molash, Orlestone, Ruckinge, Smeeth, Ware- horne.
Ashford, West...	... Bethersden, Charing, Egerton, Great Chart, Kingsnorth, Pluckley, Smarden	Hothfield, Little Chart, Shadoxhurst, Westwell. (Rain-water Tanks—part of Westwell and the hamlet of Bromley Green. Pumps—Shadox- hurst and Smarden)
Blean ...	... Herne, Hoath, Reculver, Sturry, St. Stephens, St. Dunstons, Westbere, Whitstable-cum- Seasalter, portion of Chisle	Marshside, portion of Chisle, Swalecliffe, and Broad Oak portion of Sturry. (Public “dipping places”—Blean)
Bridge ...	.. Adisham, Barham, Bekesbourne, Bishops- bourne, Bridge, Harbledown, Ickham, King- stone, Littlebourne, Nackington, Patrix- bourne, St. Nicholas Hospital, Wickham- breaux, Womenswold	Chartham, Lower Hardres, Milton, Petham, Stodmarsh, Thanington, Upper Hardres, Waltham. (Fordwich—mains from a Roman Well). Several of these areas suffered severely during the recent droughts, and the well-supplies in the Stodmarsh area are always a source of anxiety
Bromley ...	... The mains of the Metropolitan Water Board are in all parishes of this district	... Sandhurst
Cranbrook ...	.. Benenden, Cranbrook, Frittenden, Goudhurst, Hawkhurst	...
Dartford ...	... The Metropolitan Water Board supplies the greater part of the district, while the Mid- Kent Water Company have their mains in five outlying parishes. In each case the supply is constant	...

RURAL DISTRICT.	Parishes supplied mainly by Water Companies.	Parishes supplied mainly by Wells, or other sources. (Wells unless otherwise stated).
Dover	Coldred, East Langdon, Guston, Lydden, Ringwould, River, St. Margaret's, Siberts-wold, Temple Ewell, West Cliffe, West Langdon, Whitfield	Alkham, Capel-le-Ferne, Denton, Hougham Without, Oxney, Poulton, Wootton
Eastry	Ash, Barfreestone, Betteshanger, Chillenden, Eastry, Elmstone, Eythorne, Goodnestone, Knowlton, Little Mongeham, Nonington, Preston, Ripple, Stourmouth, Sutton, Tilmanstone, Waldershare, Wingham, Woodnesborough, Worth	Ham, Great Mongeham, Northbourne, Sholden, Staple. (Complaints as to the quality of the water at Staple have been fairly frequent, and while none of the samples examined have actually been condemned they have never been completely satisfactory)
Elham	Elham, Lynminge, Saltwood, part of Lympe	Sellindge, Monk's Horton, Postling, Stanford, part of Lympe. (Mainly rain-water tanks—Hawkinge, Swingfield, Paddlesworth, Acrise, Newington, Stelling, Elmsted and Stowting)
Faversham	Boughton, Davington, Doddington, Dunkirk, Eastling, Faversham Without, Lynsted, Newnham, Oare, Ospringe, North Preston Without, South Preston Without, Teynham, parts of Stalisfield	Badlesmere, Buckland, Goodnestone, Graveney, Hernhill, Leaveland, Luddenham, Norton, Selling, Sheldwich, Stone, Throwley
Hollingbourn	Broomfield, Chart Sutton, East Sutton, Frinsted, Harrietsham, Hollingbourn, Langley, Leeds, Lenham, Otterden, Sutton Valence, Thurnham, Ulcombe, Wormsbill, Wychling, Boughton Malherbe, Headcorn, Boxley, Bredhurst, Detling	Bicknor, Hucking, Stockbury
Hoo	Allhallows, High Halstow, Hoo, St. Mary, Stoke	Cooling, Grain. (Grain supplied from the well in Grain Fort)
Maidstone	All parishes partly supplied by Companies—"at least 71% of the houses have water laid on"	All parishes partly supplied by wells. (The lower part of Boughton Monchelsea has only water from ditches)

RURAL DISTRICT.	Parishes supplied mainly by Water Companies.	Parishes supplied mainly by Wells, or other sources. (Wells unless otherwise stated).
Malling	Addington, Aylesford, Birling, Burham, Ditton, East Malling, Eccles, lghtham, Leybourne, West Malling, Mereworth, Offham, Ryarsh, Snodland, Stansted, Trosley, Wateringbury, Wouldham, part of East Peckham, part of Allington	Part of East Peckham, part of Allington. (Springs—Shipbourne.)
Milton	Bapchild, Bobbing, Borden, Bredgar, Halstow, Hartlip, Iwade, Kingsdown, Milstead, Murston, Newington, Rainham, Rodmersham, Tong, Tunstall. Upchurch	...
Romney Marsh	Portions of St. Mary's, portions of Hope-all-Saints	All parishes, save portions of St. Mary's and Hope-All-Saints
Sevenoaks	Brasted, Chevening, Cowden, Duntun Green, Edenbridge, Halstead, Hever, Kemsing, Leigh, Otford, Penshurst, Riverhead, Seal, Sevenoaks Weald, Shoreham, Sundridge, Westerham	Chiddingstone
Sheppey	Eastchurch, part of Minster	Elmley, Harty, Leysdown, Warden, part of Eastchurch—partly by wells, partly from other sources
Strood	All parishes	...
Tenterden	Biddenden, High Halden, Rolvenden, Wittersham, Woodchurch	Appledore, Newenden, Stone, Kenardington
Thanet... ..	Acol, Birchington, Garlinge, Minster, Monkton, St. Lawrence Extra, St. Nicholas-at-Wade, Stonar, Westgate	Sarre
Tonbridge	Bidborough, Brenchley, Capel, Hadlow, Hildenborough, Horsmonden, Lamberhurst, Pembury, Speldhurst, Tonbridge Rural	Ashurst

DRAINAGE AND SEWERAGE.

Tables 29 and 30 show the number of premises in each district containing different types of sanitary conveniences, together with the numbers of drainage nuisances dealt with.

Many improvements have taken place in the past five years, the chief of which are the provision of main drainage for Gravesend, Chatham and Rochester, and new drainage for Sheerness. In Chatham and Rochester the works are still in hand. Northfleet is still on the cesspool system, and New Romney and Wrotham mainly so.

In the rural districts I have given below a list of the parishes which lack main drainage schemes. The methods of disposal are as set out. The problem will remain a difficult one in rural areas for many years, chiefly for financial reasons. However, the more populous parishes and those on the outskirts of towns are gradually installing efficient arrangements.

The following references are taken from the returns of the district medical officers of health :—

Ashford U.—The new drainage scheme is not yet begun, but the sanction of the Ministry of Health is expected shortly.

Broadstairs U.—A sewerage scheme was adopted for part of the district, and a Ministry of Health inquiry is to be held for sanction of a loan. The sewerage of the Westwood and North Foreland portions of this district will require consideration in the future.

Chatham B.—Work on the main drainage system is in progress.

Crayford U.—The sewers were considerably extended during the year, chiefly on the new building estate at Barnehurst

Dartford U.—The disposal works of the West Kent Main Sewerage Board, which are situated on the bank of the River Thames, within this urban district, have recently been re-constructed and re-organised.

Folkestone B.—The sewer outfall is nearing completion ; and the tunnel-sewer, which will act as an outfall for the new intercepting sewer for the east side of the valley, and also relieve the present low-level area, is likewise approaching completion.

Gravesend B.—440 premises have been connected with the main sewer, and the cesspools abolished.

Herne Bay U.—Arrangements for dealing with surface-water, and so relieving the sewers, are under consideration. The whole of the district is sewered, and only one house is not connected with the system.

Lydd B.—A few pit-closets have been improved, but many still remain in bad condition, and need conversion to earth-closets or cesspool drainage. Arrangements for emptying are made by the tenants, but Dr. Button urges that this work should be undertaken by the council.

Margate B.—There was a large extension of low-level sewers, and new pumping-plant has been installed.

Rochester C.—The conjoint main-drainage scheme (with *Chatham B.*) was commenced in February, 1925, and about one-third of the sewers have been laid.

Sandwich B.—A few minor improvements were made, but the proposed new drainage scheme has not yet reached a stage of finality. "The council are anxious to find a means of improving the drainage system and obviating some of the present disadvantages, and have employed a Sanitary Engineer who is making a further report on any possible new system, but I believe he finds very great practical and financial difficulties which are a serious economic consideration at the present time."

Sheerness U.—The final stage of the drainage scheme was commenced.

Sidcup U.—With the progress of the town-planning of this district, and the possibility of the immediate development of some parts, the question of the early provision of new sewers will have to be considered.

Sittingbourne U.—A scheme is under consideration for the inter-communication of the sewers of this district and the neighbouring district of *Milton Regis Urban*. In both districts there is a water carriage system, and the sewage is properly treated, but the Sittingbourne sewage has to be lifted about fifty-seven feet by means of ejectors, worked by compressed air. Dr. Wernet is of opinion that abandonment of this system, and the substitution of a system of gravitation (which would be possible under a scheme of inter-communication), will be of advantage.

More flushing cisterns are needed to the water closets.

Tonbridge U.—It is proposed to erect, on the site of an old filter bed at the sewage disposal works, an experimental installation of the aeration method. Dr. Galbraith writes:—"If certain technical engineering difficulties can be overcome the aeration method presents advantages from a public health point of view. It is really a reproduction, scientifically, of the purification that takes place in a swiftly flowing river, preferably over a series of waterfalls." Dr. Galbraith made a special report on the sewage disposal works.

East Ashford R.—The drainage of Kennington still requires attention. There is no drainage system in the parishes of Aldington, Bilsington, Bircholt,

Bonnington, Boughton Aluph, Brabourne, Brook, Challock, Chilham, Crundale, Eastwell, Godmersham, Hastingleigh, Hinxhill, Hurst, Molash, Ruckinge, Sevington and Smeeth. The general system of sewage disposal is to cesspools.

West Ashford R.—Bethersden, Charing, Great Chart and Smarden have drainage systems. Egerton, Hothfield, Kingsnorth, Little Chart, Pluckley, Shadoxhurst and Westwell have cesspool drainage, some pail closets and a few privies.

Blean R.—Main drainage is required at Herne Bay Road and South Street, and additional cesspool-emptying appliances are urgently needed for Seasalter. In the parishes of Blean, Chislet, Hoath, St. Dunstan's, Sturry, Westbere, Swalecliffe and portions of Whitstable-cum-Seasalter, St. Stephen's and Herne, drainage is mainly into cesspools, the contents of which are pumped into carts and disposed of on the land. Dr. Watts advocates the employment of some mechanical means for "clearing the constantly increasing number of cesspools."

Numerous complaints were received with regard to nuisances caused by overflowing cesspools.

Bridge R.—The predominant system is pail-closets, the excreta being dug into the land. Only one parish, Harbledown, has partial main drainage; and Dr. Day writes:—"Trouble has been experienced at the Harbledown sewage-works in respect of offensive smell. The available ground at the works is saturated; the council should consider the installation of a sedimentation tank to assist the filter beds and so minimise the nuisance by improving the quality of the effluent which is of doubtful character at present. The acquisition of further land for irrigation purposes is also necessary."

Bromley R.—There is urgent need of main-drainage in the villages of Hayes, Keston and West Wickham, in which areas there is a large number of percolating cesspools within twenty-feet of dwelling-houses. These cesspools are constantly overflowing—especially in the village of West Wickham.

The parishes without drainage schemes are Cudham, Downe, Hayes, Keston, Knockholt, West Wickham, and part of Chelsfield; here cesspools constitute the general system of disposal. They are emptied by private contract, and the sewage disposed of on agricultural land.

Sewers were extended on the Knoll Estate at Orpington.

Cranbrook R.—A percolating filter-bed was constructed at the Wilsley outfall works at Cranbrook. All parishes save Benenden, Cranbrook, and Frittenden are without schemes; while Benenden and Frittenden have drains which terminate in ditches.

Dartford R.—The sewerage of Stone and Swanscombe has been completed, and nearly all the houses have been connected; while new sewers have been constructed in other parishes.

The whole of this rural district is now sewered, except the following outlying rural parishes;—Ash, Fawkham, Hartley, Kingsdown, Longfield, Ridley and Southfleet. In the hamlet of Bean there is “an ever recurring nuisance from the overflow of the cesspools.” Dr. Richmond suggests a small septic installation, for which the fall of the ground is well adapted; or, alternatively, an extension of the main sewer for a distance of about two miles.

Dover R.—None of the parishes has main drainage,

Eastry R.—Only one parish (Ash) has partial main drainage. Pail closets are the predominant system, excreta being dug into the land.

Elham R.—Saltwood has a drainage system, all the other parishes cesspools. Drainage is required for Elham and Lyminge.

Faversham R.—The Teynham drainage scheme, which was urgently necessary, has been approved by the council. The Ospringe scheme was defeated by the council, but all nuisances have been remedied, and the sanitary condition is now good. The only parishes with drainage schemes are Boughton, Oare and part of North Preston Without. Sewage disposal is mostly by cesspools and earth closets; 480 privy-pits still exist, but these are being abolished slowly.

Hollingbourn R.—Headcorn, Lenham and Sutton Valence have drainage systems. In all other parishes sewage disposal is generally by cesspool, and sewerage schemes are desirable for the parishes of Hollingbourn, Harrietsham, Thurnham and Ulcombe.

Hoo R.—The blocks of council houses at Hoo, St. Mary's, All Hallows and Stoke have separate filter bed systems. The rest of the district is served by cesspools or earth closets.

Maidstone R.—About twenty houses in Staplehurst are sewered to septic tank and filter. All other parts of the parish drain to cesspools and ditches. Boughton Monchelsea, East Farleigh, West Farleigh, Hunton, Loose, Otham and Teston are cesspool-drained. The other parishes are partly sewered.

The council have a motor cesspool-emptier, which is used at the cost of the owner or occupier of the premises in all the parishes except Bearsted. In the latter parish the cesspools are emptied at the cost of the rates.

Dr. Galbraith presented a special report on the drainage of part of the village of Loose. Complaints had been received regarding the absence of proper drainage facilities in this district, and inspection showed that of 208 houses, eight drained into the sewer of the Borough of Maidstone (a privilege requested by many other owners of property in the area), while 200 drained into cesspools. These cesspools (several of them in the front gardens of the villas, evidently in anticipation of sewers being laid at some future date) constitute at present an objectionable and unhealthy feature, and in Dr. Galbraith's opinion present conditions likely to be injurious to the health of the inhabitants. "In some houses the baths cannot be used because of the difficulty of disposing of the waste water. It is not right to thus discourage habits of cleanliness." To overcome this difficulty temporarily many of the cesspools have been fitted with soakaways.

Of the 200 houses draining into cesspools 95 have baths, 137 have water closets (48 of these having two installed), 55 have hand-basins and 148 have sinks. "When in a given drainageable area over two-thirds of the houses in that area have water drainage in the form of w.c.'s and sinks, and about half of the houses have baths, the case for sewerage for that area and providing for the disposal of the sewage by appropriate treatment is unquestionably made out."

In view of these facts, Dr. Galbraith has "no hesitation in recommending the council without undue delay to give instructions that the residential area of the parish of Loose be properly and efficiently drained by sewer." The fact that building development is going on rapidly in this district makes the matter one of urgency.

Malling R.—"The Watlingbury district should be dealt with together with other districts higher up the Medway." Much of the sewage of this district passes untreated into the Medway, either directly or indirectly.

There is no drainage system in the parishes of Addington, Allington, Birling, Ditton, East Malling, Ightham, Leybourne, Mereworth, Offham, Ryarsh, Trosley, Wouldham, Stansted, East Peckham, West Peckham and Shipbourne. Pail and earth-closets are principally used. There are a good many privy-pits in isolated areas, but these are gradually being done away with. West Malling, Aylesford, Snodland and Burham have sewerage schemes.

Milton R.—"The need in Rainham for main drainage must again be strongly urged. The proposed scheme of the Chatham and Rochester authorities, with the outfall works at Motley Hill, is well in hand, and the council should take up the matter where it dropped, so far back as 1912, and complete this long overdue sanitary improvement."

Murston and Newington have a sewerage system, with a septic tank and contact filter-bed treatment. The disposal works at Newington were reconstructed in 1923.

Rainham, Bapchild, Bobbing, Borden, Bredgar, Halstow, Hartlip, Iwade, Kingsdown, Milsted, Rodmersham, Tong, Tunstall and Upchurch are without drainage schemes.

Romney Marsh R.—With the exception of Dymchurch, all the parishes have cesspools or earth-closets.

Sevenoaks R.—Halsted, Hever and Weald are mainly cesspool-drained; Chiddingtone and Cowden also are served principally by cesspools; and the other parishes are sewered.

Sheppey R.—Elmley, Harty, Leysdown, Warden, Eastchurch and part of Minster have no drainage schemes. There is public collection in Eastchurch and part of Minster; in the other villages, householders make their own arrangements.

Strood R.—"Main drainage at Denton is a matter of some urgency, because of its proximity to low-lying and waterlogged lands. Enquiries are being made as to approximate cost and feasibility of a scheme." "All parishes except Halling are without drainage schemes. The usual method of sewage-disposal is by cesspools."

Tenterden R.—High Halden, Kenardington, Newenden and Stone have no drainage scheme, cesspools being the principal method. Appledore, Biddenden, Rolvenden, Wittersham and Woodchurch are partly sewered.

Thanet R.—Birchington is still without a sewerage system, a matter which the medical officer of health considers to be urgent. This parish, and the parishes of St. Nicholas-at-Wade, Acol, Sarre, Monkton, St. Lawrence Extra and Stonar, have cesspools; and where these are absent, waste water is deposited on the gardens adjoining the houses.

Westgate-on-Sea and Minster are sewered. The sewage of the former is pumped into the mains of the Margate Corporation, while Minster has a sewage-farm.

Tonbridge R.—Ashurst, Tonbridge Rural and Horsmonden, and parts of Capel and Lamberhurst, have no drainage schemes and cesspool-drainage is general.

SCAVENGING AND THE DEPOSITION OF HOUSE REFUSE.

The following is a survey of the arrangements in force in the various districts, together with a note of complaints and improvements :—

In tables 29 and 30 information is given as to the numbers of nuisances dealt with relating to the provision of proper dustbins.

Ashford U.—Daily collection. Refuse taken to a dépôt, sorted and burnt. A destructor is about to be built on the site of the new electricity works. There are not enough covered receptacles in use by householders.

Beckenham U.—Weekly collection, with special arrangements for the frequent removal of trade refuse. A bi-weekly collection in the summer months is desirable. Refuse is carted to a six-cell destructor.

Bexley U.—Weekly collection, by contract, under supervision. Refuse tipped on arable land and ploughed in. This method will require re-consideration in the near future, owing to the rapid growth of the district.

Broadstairs U.—The provision of a destructor is advisable. At present, the refuse is dumped near brickworks.

Chatham B.—Daily collection from the central parts of the town, bi-weekly collection in remainder of district. Refuse removed to a tip at Luton, and covered with a top-layer of twelve inches of soil. Action is to be taken to enforce the provision of covered galvanised-iron receptacles for refuse.

Cheriton U.—Weekly collection (twice weekly throughout Shorncliffe Camp) by contract. Refuse carted to a tip and used for brickmaking.

Chislehurst U.—Weekly collection, under the control of the council. Refuse removed to a tip.

Dartford U.—Bi-weekly collection in central portion of district, weekly collection in remainder of area. All refuse dealt with in the council's destructor.

Deal B.—Refuse is carted to a dump outside the town.

Dover B.—Refuse collected thrice weekly by the council's staff, and conveyed to a dump outside the borough. The question of installing a refuse-destructor needs careful consideration.

Erith U.—Scavenging is carried out by the council's motor-vans. There is weekly collection, and the refuse is deposited on tips within the district.

Faversham B.—Scavenging is undertaken by the local authority direct, and is very efficient. At the end of the year 1,200 houses were possessed of proper receptacles, and the number is steadily increasing.

Folkestone B.—Refuse is removed to a destructor for incineration.

Gillingham B.—House-refuse is removed weekly, but an additional collection is desirable in the summer. The refuse is “tipped” at a dump in the lower part of the town. Dr. Muir mentions that all sorts of unsightly receptacles are used for refuse, the majority having no cover of any kind. The percentage of houses having proper sanitary dustbins is small.

Gravesend B.—Scavenging is by contract.

Herne Bay U.—The refuse is collected (daily in the town, thrice weekly in the outlying portions of the district) and conveyed to a tip about two miles from the town. The provision of a dust-destructor is desirable, and the medical officer of health suggests co-operation, in this direction, with the neighbouring districts of Whitstable Urban and Blean Rural.

Hythe B.—Weekly collection by council’s employees. Refuse conveyed to a depôt at West Hythe.

Lydd B.—“General scavenging by the borough council would be a great improvement.” At present the work is done by a contractor.

Maidstone B.—There is weekly collection, by a contractor. Horse-drawn covered carts are used, and the refuse is tipped into disused quarries, where it is covered with earth to abate nuisance, and in time is used as agricultural land.

Margate B.—House-refuse is collected and carted away by mid-day—daily in some parts of the town, thrice weekly in other parts. It is removed to a destructor, well outside the town, and there burnt.

A large amount of time was given to ensure that houses were provided with proper sanitary dustbins, and leaflets were issued when necessary, giving instructions as to the keeping of dustbins in a sanitary condition.

Milton Regis U.—Weekly collection throughout the district. Refuse disposed of by tipping.

New Romney B.—House-refuse is removed to an isolated spot, where it is tipped and burnt.

Northfleet U.—Collection of house-refuse is carried out by the council’s employees, about once in ten days. Covered dust-carts are used and the refuse is deposited on land belonging to the council.

Penge U.—House-refuse is removed, partly to the destructor of the adjoining district of Beckenham, but mostly out of the district by rail, under contract with a private firm.

Queenborough B.—The work is carried out by contract, covered carts being used, and all refuse is removed to pits a mile and a half from the town. Sanitary dustbins are continually being replaced and added to.

Ramsgate B.—There is daily collection by the council's employees in all parts of the town, and the refuse is conveyed to a four-celled destructor in an outlying portion of the area. Efforts were made to ensure the provision of impermeable receptacles in all premises.

Rochester C.—Household refuse is removed (daily from the High Street, on alternate days from the rest of the district) by covered motor-vans to a refuse-dump near brickfields in the Strood Rural district. The Brickfields Company pay for this refuse and use the sifted ashes in the manufacture of bricks. The dump on the side of the brickfields farthest from houses, "cannot be considered ideal."

Dr. Pritchett states :—"The arrangements made by the citizens generally for putting out their domestic refuse for collection are deplorable. Any old uncovered box, tin or bucket is considered sufficient provision. Some of the better-class houses are properly equipped, but not by any means all. In report after report attention to this state of affairs has been drawn without the slightest effect, and since the local authority has ample power to remedy the matter it can only be a matter of surprise that this power is not exercised."

Sandgate U.—Refuse is collected twice or thrice weekly, removed to brickfields about two and a half miles from the town, and there burnt.

Sandwich B.—Refuse is conveyed to a dump, one mile from the town, where it is deodorized and destroyed, some being removed as manure.

Sevenoaks U.—Weekly collection of refuse, by horse-drawn vans, is undertaken by the council, and such refuse is deposited in a brickyard on the outskirts of the district.

Sheerness U.—Refuse is removed by hand-trucks and motor lorries, some to a destructor and there destroyed, some deposited on hired tips. Every precaution is taken in the latter case to reduce nuisance.

Sidcup U.—Weekly collection under the supervision of the surveyor and disposal at dumps. Three of these dumps in succession were closed as a result of complaints, and the one at present in use will last only six months. The question will shortly become acute, and the provision of a destructor will need serious consideration.

Sittingbourne U.—All houses are provided with sanitary dustbins, and scavenging is performed twice weekly by the council's employees. The refuse is tipped into pits and eventually buried.

Southborough U.—Refuse is collected and deposited at a dump within the area of the borough of *Tunbridge Wells*. The dump gave rise to complaints. (See further reference on page 178).

Tonbridge U.—Dr. Galbraith's special report on the sewage-disposal works contained also proposals for a refuse-destroyer to work in conjunction therewith. The present system of disposal is by "tipping," a method on which Dr. Galbraith offers his opinion in the following words:—"Outside the sewage works the refuse of the town continues to be tipped in an unsightly heap, as unhealthy as it is unpleasant to look upon, forming a breeding place of disease, producing vermin and insects such as rats and flies. This accumulation of refuse is the cause of statutory complaints under the Public Health Acts; further, it seems to me, that the regulations for rat-destruction necessitate the proper destruction of household refuse. That the provision of a destroyer would form a commercial proposition is more likely now than ever, because of the demand for clinker for road construction. No doubt the council, in considering any future extensions of the existing excellent sewage works, the question of the destroyer will be gone into."

Tunbridge Wells B.—Refuse is collected weekly, with a daily collection of trade-refuse where necessary. Modern motor-vehicles are being installed.

The refuse is carted to tips in the quarries of brickworks in the *Southborough Urban* district.

Walmer U.—Weekly collection, by motor-lorry, by the council's employees. Refuse is removed to a dépôt outside the district, where it is sorted; suitable refuse is then carted to arable land and ploughed in, the remainder is crushed by a steam-roller.

Whitstable U.—House-refuse is collected by a contractor, and some improvements were made in the system during the year. Complaints were received concerning the dump used for deposit of this refuse, and the sanitary inspector is preparing a report upon the whole subject. Proper galvanized-iron dustbins are being installed in place of baskets, tubs and other insanitary receptacles.

Wrotham U.—A system of scavenging is now being adopted. The medical officer of health points out that some of the dumps are a danger to public health in that they harbour rats and flies.

In the rural districts, as follows, except where otherwise stated, there is no system of scavenging. In approximately two-thirds of the parishes such a system is lacking, and the inhabitants dispose of the refuse by burning on the land.

East Ashford R.—There is a weekly collection of house refuse in the parishes of Willesborough, Kennington and Wye.

West Ashford R.—No arrangements for the collection of refuse.

Blean R.—Collection was extended to the portion of Whitstable-cum-Seasalter, known as Chestfield. Refuse is disposed of on agricultural land and in a disused gravel-pit. There are no arrangements for collection in Blean, Chislet, Hoath, St. Dunstan and Swalecliffe.

Bridge R.—Scavenging is carried out by contract, twice weekly, in Barham, Bridge, Chartham, Fordwich, Ickham, Littlebourne, and parts of Harbledown and Petham.

Bromley R.—Weekly collection, by contract, in Orpington, St. Mary Cray, St. Paul's Cray, Mottingham, Farnborough and Hayes; fortnightly collection in North Cray, Chelsfield, Keston and West Wickham.

Cranbrook R.—The collection of refuse takes place only in the parish of Cranbrook.

Dartford R.—House refuse is removed weekly, and almost all houses are provided with movable covered ashbins; but Ash, Fawkham, Hartley, Kingsdown, Longfield, Ridley and Southfleet have no system of collection, and make their own arrangements.

Dover R.—Scavengers have been appointed for the parishes of St. Margaret-at-Cliffe, Ringwould, Temple Ewell and Sibertswold. In the remainder of the district refuse is disposed of by the inhabitants by digging it into the land.

Eastry R.—The parishes of Ash, Eastry, Wingham, Woodnesborough and Worth have scavengers. In the rest of the district disposal is left to the inhabitants.

Elham R.—Refuse is collected in the parish of Saltwood.

Faversham R.—Teynham and Lynsted and parts of North Preston have a system of collection. Complaints at North Preston were remedied. Refuse is often thrown in heaps, forming breeding-places for flies.

Hollingbourn R.—A fairly large number of complaints was received regarding removal of refuse. There is no system of scavenging.

Hoo R.—Scavenging is carried out by contract, save in the parishes of High Halstow, Cooling and St. Mary's. In these parishes there is no system.

Maidstone R.—Refuse collection by private contract in part of the parish of Loose. The rest of the district has no system of collection.

Malling R.—Aylesford, Snodland, West Malling and Wouldham are scavenged by contract, Ditton and East Malling by the Rural District Council direct. "There should be weekly collection throughout the year, especially at Snodland."

Milton R.—There is a regular system of scavenging for Murston Rainham and a portion of Borden.

Romney Marsh R.—Dymchurch has a system of collection.

Sevenoaks R.—Weekly collection in Brasted, Chevening, Dunton Green, Riverhead, Shoreham, Sundridge, Seal, Westerham and Edenbridge

Sheppey R.—Public scavenging in Halfway Houses, Minster and Eastchurch. In the rest of the district the matter is left to householders “and requires closer supervision.”

Strood R.—Denton has a system of collection. In all other parishes the prevailing system is to store in heaps and afterwards dispose of same on the land.

Tenterden R.—There are no public scavenging arrangements in the district.

Thanet R.—Refuse is collected in Westgate, Birchington, Minster, Garlinge and Mauston by contractors, under the supervision of the sanitary inspector. The refuse from the first three parishes is tipped, sorted and burned.

Tonbridge R.—Fortnightly collection by the district council in Hadlow, Hildenborough, Horsmonden, Langton, Pembury, Speldhurst and parts of Bidborough.

From the above extracts it will be seen that methods of refuse-collection and disposal in Kent are varied. There emerges, however, one salient fact, and that is the rarity of thoroughly well-organised and up-to-date methods of disposal. It is recognised that some of the urban districts, by reason of their small population, scattered character, or both, present most of the difficulties that are found in rural districts; but in the majority this argument does not apply, and it is in respect of such towns that the statement can be made that the methods employed leave much to be desired. It is a curious anomaly that thriving, populous, modern towns, with admirable organisation in almost every other direction, should yet tolerate a system that, in its basic principles, has come down from prehistoric times. The arguments against the “dumping” method of refuse-disposal are many and well-known. The arguments in favour of modern methods are perfectly evident. Yet some of the largest and most important towns in the county continue to employ the former and ignore the latter. In only six districts has a destructor been provided, but in several others the question is under consideration. This is a provision which should be investigated by the majority of the borough and urban district councils, and in some instances two or more authorities might well co-operate in the matter. The

by-products from the burning of refuse assist in meeting the cost; for instance, in Margate these products are used in the manufacture of tar-macadam, asphalt, paving slabs, curb-stones, disinfectant powder, &c., whilst steam is raised for driving the necessary engines and plant, and electricity is generated for lighting the destructor building, and driving machinery. There is practically no waste.

In conclusion, I may quote here the trenchant remarks of Dr. Galbraith, Medical Officer of Health of the South-West Kent United Health Area, who writes as follows:—"Someone has described spring-cleaning as removing dirt from one place to another—that is just what the dumping method of refuse disposal amounts to. One is aware that surveyors look upon it as a convenient and the cheapest method. Medical officers of health look upon it as indefensible from the point of view of the protection of the health of the public. From a legal point of view also the position is contradictory; the Public Health Authority provides breeding places for rats, and persons to whose premises these vermin migrate become liable. The putrefying refuse likewise germinates flies by the billion, these spread infectious disease, and the authority compulsorily removes the patient to hospital. Finally, the accumulation of refuse creates a permanent offence under the Public Health Acts, being the origin of statutory complaints. There is no question that burning in a suitable destructor is the only satisfactory method of refuse disposal."

NUISANCE FROM THE DEPOSITION OF REFUSE BY OUTSIDE AUTHORITIES.

The "tipping" of London refuse within the county, to which reference has been made in previous reports, still continues, but it is evident that in this matter considerable improvement has taken place in late years. In *Bromley Rural* there was nuisance from London house refuse consigned to a farm in the Sevenoaks Rural District, but used for manurial purposes on land at Pratt's Bottom, in the Bromley area. In *Hoo Rural* deposits of London refuse at Sharnal Street Station and Wyborne's siding were causing nuisances but the matter is being remedied. In *Crayford Urban* there was great improvement owing to pressure of the council on the borough sending the refuse, such borough withholding its contract for a time.

Similar nuisance arises with regard to the refuse of towns within the county. In *Faversham Rural* there was occasional nuisance at South Preston Without from refuse deposited from towns; in Blean Rural there was nuisance through the deposition of refuse by both the Herne Bay and the Whitstable Urban Districts; and in *Strood Rural* there were "no legal but humanitarian nuisances caused by deposits of house refuse (containing vegetable matter and loose papers) from Rochester, Gravesend, etc."

In the adjoining areas of *Southborough* and *Tunbridge Wells* there arose a situation which might almost be described as “Gilbertian.” Refuse from Southborough Urban is deposited within the borough boundaries of Tunbridge Wells, and causes infestation of neighbouring houses by flies and rats. Tunbridge Wells refuse is dumped into the quarries of brickworks at High Brooms within the district of Southborough, and caused many complaints of flies and bad smells. It is good to note that there is some prospect of the termination of such a ludicrous situation, as the Southborough Council has approached the Tunbridge Wells Corporation with regard to the provision of a joint destructor.

RIVERS POLLUTION.

The following extracts from the reports of the district medical officers of health indicate the extent to which there was pollution of the Kentish watercourses :—

Ashford Urban.—The *River Stour* is polluted by drainage, but this should be remedied when the drainage scheme is carried out.

Beckenham Urban.—The sewage farm of the County Borough of Croydon adjoins this urban district, and the effluent of the farm discharges into the *Chaffinch Brook*, which flows through Beckenham. This effluent is said to be “very unsatisfactory ;” frequent representations have been made in previous years, and new plant has been installed—“but the effluent turned out is still unsatisfactory.”

Dartford Urban.—There was some pollution of the *River Stanham* during the year, but this has been remedied.

Dover Borough.—The *River Dour* receives effluent from a paper-mill ; and its bed becomes offensive occasionally, by the “holding-up” of the water for trade purposes and by the unauthorised deposit of refuse. Nuisance is obviated by careful attention and periodic inspection, and action is taken when necessary.

Herne Bay Urban.—One of the two small streams in this district receives waste water from the Gas Works, and this has been the cause of complaint during the year.

New Romney Borough.—A complaint was received from the Romney Marsh Rural District Council, regarding a foul smell in a ditch in the parish of St. Martin’s, which adjoins the borough. This was caused by the discharge

into the ditch, from a builder's yard within the borough, of wood tar—a substance which in decomposing used up the oxygen in the water and prevented dead vegetable matter from decomposing quickly. Notice was served to abate the nuisance, and this was done for a time ; but it has recurred, and notices have been served again.

(During 1926, this nuisance again arose, and a magistrate's order was obtained in respect of it.)

Sandwich Borough.—The tidal *River Stour* is polluted by drainage passing into it by the open sewer waterways or closed sewers. “Of course it is objectionable, and no medical officer would approve, but at the same time there have been few complaints, and no cases of illness have been traced to it as a cause.”

East Ashford Rural.—The stream running through Kennington is polluted by insufficiently purified drainage.

Faversham Rural.—“A stream running behind Boughton village on the south side takes the Boughton sewage north to the Swale. On two occasions infectious disease has been traced to children playing by the stream and drinking the water. Notices have been prominently displayed warning the public, and particularly the hop-pickers, that the water is contaminated by sewage.”

Hollingbourn Rural.—There is some pollution in the parishes of Hollingbourn, Harrietsham, Thurnham and Ulcombe ; but in no case has it been necessary to take any action.

Maidstone Rural.—There is pollution of the *Tat*, at Yalding, by sewage matter ; and a committee has been appointed to deal with this. The brook at Loose, also, is polluted by sewage matter ; while the *River Medway* is polluted at several places.

Malling Rural.—There is much pollution of the *River Medway*, at various points, by sewage and mill-refuse—both directly, into the river, and indirectly through tributary streams. No steps were taken to remedy this.

Tenterden Rural.—Two small streams in the parish of Rolvenden are being polluted, but in both cases the matter is receiving attention.

Tonbridge Rural.—Tributary streams of the *River Medway*, which pass through the villages of Hadlow and Horsmonden, are polluted by sewage.

Mention is made, by the medical officers of health of some districts, of the cessation of pollution which previously existed. Thus, in *Gravesend Borough*, no houses are now discharging sewage into the *River Thames*, since the northern portion of the borough has been supplied with main-drainage; and in *Hoo Rural*, pollution of a small stream at Decoy Farm, High Halstow, has now been remedied. In *Bromley Rural*, there were frequent inspections of the *River Cray*, but no pollution was discovered. In *Beckenham Urban*, a complaint was made of the discharge of dye-water from a carpet-beating factory into a stream running through the district; connection in this case has now been made with the sewer, and the dye-water no longer discharges into the stream.

METEOROLOGICAL OBSERVATIONS.

The following are particulars of the meteorological observations taken in the various districts:—

URBAN DISTRICTS:—

Beckenham U.—Daily observations are made by the surveyor.

Broadstairs U.—Daily observations are made by the surveyor.

Chatham B.—Rainfall is recorded at the Luton waterworks.

Deal B.—Daily observations on rainfall, wind and temperature are made.

Dover B.—There is a station on the sea front, where rainfall, sunshine, air and earth temperatures, and direction and force of wind are recorded, readings being taken twice daily. A report on the work of this station is included in the annual report of the medical officer of health.

Folkestone B.—There is a Meteorological Station (1st Class) where observations are taken twice daily and forwarded to the Meteorological Office.

Gillingham B.—Rainfall is recorded at the Luton waterworks and also at Gillingham Park.

Herne Bay U.—Rainfall records are taken at the sewage-pumping station, and temperature records at the pier.

Hythe B.—Rainfall observations are made.

Maidstone B.—Daily barometric readings are made at the surveyor's office, and records kept as to wind, temperature and rainfall. Rainfall observations are made by the Maidstone Waterworks Company.

Margate B.—Full observations are taken twice daily, and the results exhibited in a special kiosk on the promenade.

Penye U.—Rainfall is registered at the recreation grounds.

Queenborough B.---Humidity of air has been registered since December, 1920, and there is a rain-gauge at the waterworks.

Ramsgate B.---The borough surveyor furnishes records of sunshine taken on the roof of the municipal offices, and the gas and water engineer those of rainfall and temperature taken at the Southwood waterworks.

Rochester C.---Rainfall records are taken daily at Strood waterworks.

Sandwich B.---Rain gauges are kept by some private persons.

Sheerness U.---A meteorological station is established in conjunction with Queenborough and is under the supervision of the medical officer of health.

Sidcup U.---Barometric and thermometric readings, and weather conditions, are recorded twice daily.

Southborough U.---Rainfall is recorded by the waterworks engineer.

Tunbridge Wells B.---There is an auxiliary station of the Meteorological Office, at which records are kept by the public health staff.

Walmer U.---The resident engineer at the Deal and Walmer waterworks takes observations.

Whitstable U.---Rainfall, wind, temperature and sunshine, are recorded daily.

RURAL DISTRICTS :—

Faversham.—Private records are kept by residents in Teynham, Selling and Ospringe.

Hollingbourn.—Dr. Tuke keeps private records.

Sheppey.—Observations are carried out by the medical officer of health at Minster and by a private resident at Eastchurch.

ADOPTIVE ACTS AND BYE-LAWS.

Certain adoptive Acts came into force during the year, as follow :—

The Small Dwellings Acquisition Act, 1899, in *Crayford Urban*; the Small Dwellings Acquisition Acts, and a scheme approved under the Subsidy Regulations, in *East Ashford Rural*; and Part III. of the Public Health Acts (Amendment) Act, 1890, in *Hollingbourn Rural*.

The Public Health Act, 1925, was adopted in the following districts, to the extent indicated :—*Beckenham Urban*, Parts II., III. and IV.; *Chatham Borough*, Sections 17, 18, 19, 26, 28, 30, 31, 35, 38, 43, 49, 51, 52, 53, 54 and 55; *Chislehurst Urban*, the adoptive provisions, except Part V.; *Dartford Urban*, Parts II., III., IV. and V.; *Milton Regis Urban*, Parts II. (except Section 20, and subject to the consent of the Ministry of Health as regards

Sections 21 and 22), III. (subject to the consent of the Ministry as regards Section 44); IV and V. (subject to consent of the Ministry); *Rochester City*, Parts II. to V.; *Sidcup Urban*, Parts II., III., (with the exception of Section 44), IV. and V., Sections 21 and 22 of Part II., being adopted with the sanction of the Ministry of Health, and the sections subject to consent by the Ministry coming into force in March, 1926; *Sittingbourne Urban*, to the same extent as for *Milton Regis Urban*, quoted above; and *Milton Rural*, Parts II. (except Sections 17 to 22, 24 and 35), III. (except Sections 39 and 44) and IV.

Bye-laws or Regulations adopted during the year were as follow:—Slaughterhouses, *Faversham Rural*, and (revised) *Chatham Borough*, *Tunbridge Wells Borough* and *Strood Rural*. New Streets and Buildings:—*Cheriton Urban* (revised), *Milton Regis Urban* (revised), *Sidcup Urban* (revised), *Sittingbourne Urban* (revised), *Faversham Rural* (revised), and *Milton Rural* (revised), while in *Sandgate Urban* revised bye-laws on the subject are before the Ministry of Health, In *Beckenham Urban*, the bye-laws as to Houses-let-in-lodgings were revised during the year, and as so revised will come into force during 1926. Tents, Vans, Sheds, etc.:—*Sidcup Urban*. Public Health Meat Regulations, 1924:—*Milton Regis Urban* and *Sittingbourne Urban*.

The following bye-laws or regulations are said to be needed in certain districts:—Underground sleeping-rooms, *Ashford Urban*; slaughter-houses (revision), *Sidcup Urban*; building (revision), *Folkestone Borough*; houses-let-in-lodgings, *Folkestone Borough*, *Sheerness Urban*, and (already under consideration) *Dover Borough*; regulation of the offensive trades of fish-frying and rag-and-bone dealing, *Folkestone Borough*; offensive trades generally, *Hythe Borough* and *Sheerness Urban*; disposal of town-sewage in rural areas, *Strood Rural*; and bye-laws under Section 6 of the Housing Act, 1925, *Hythe Borough*. The Public Health Act, 1925, is under consideration in *East Ashford Rural* and *Elham Rural*, certain sections will shortly be adopted in *West Ashford Rural*, and there is need for the adoption of certain parts of the Act in *Erith Urban*.

A statement of the Adoptive Acts and Bye-laws in force in the various districts is shewn in tables 36 and 37.

The Pegwell Bay (Shell-fish) Regulations, 1925 (October 9th, 1925) provide that a “person shall not sell, distribute or offer for sale for human consumption any cockles taken from within the prescribed area unless and until they have been subjected to a process of sterilisation by steaming under pressure for at least six minutes.” The “prescribed area” means the foreshore lying between the common boundary of Broadstairs and Ramsgate and the common boundary of Eastry and Deal.

FACILITIES AVAILABLE FOR THE CLEANSING AND DISINFECTION OF VERMINOUS
PERSONS AND THEIR BELONGINGS.

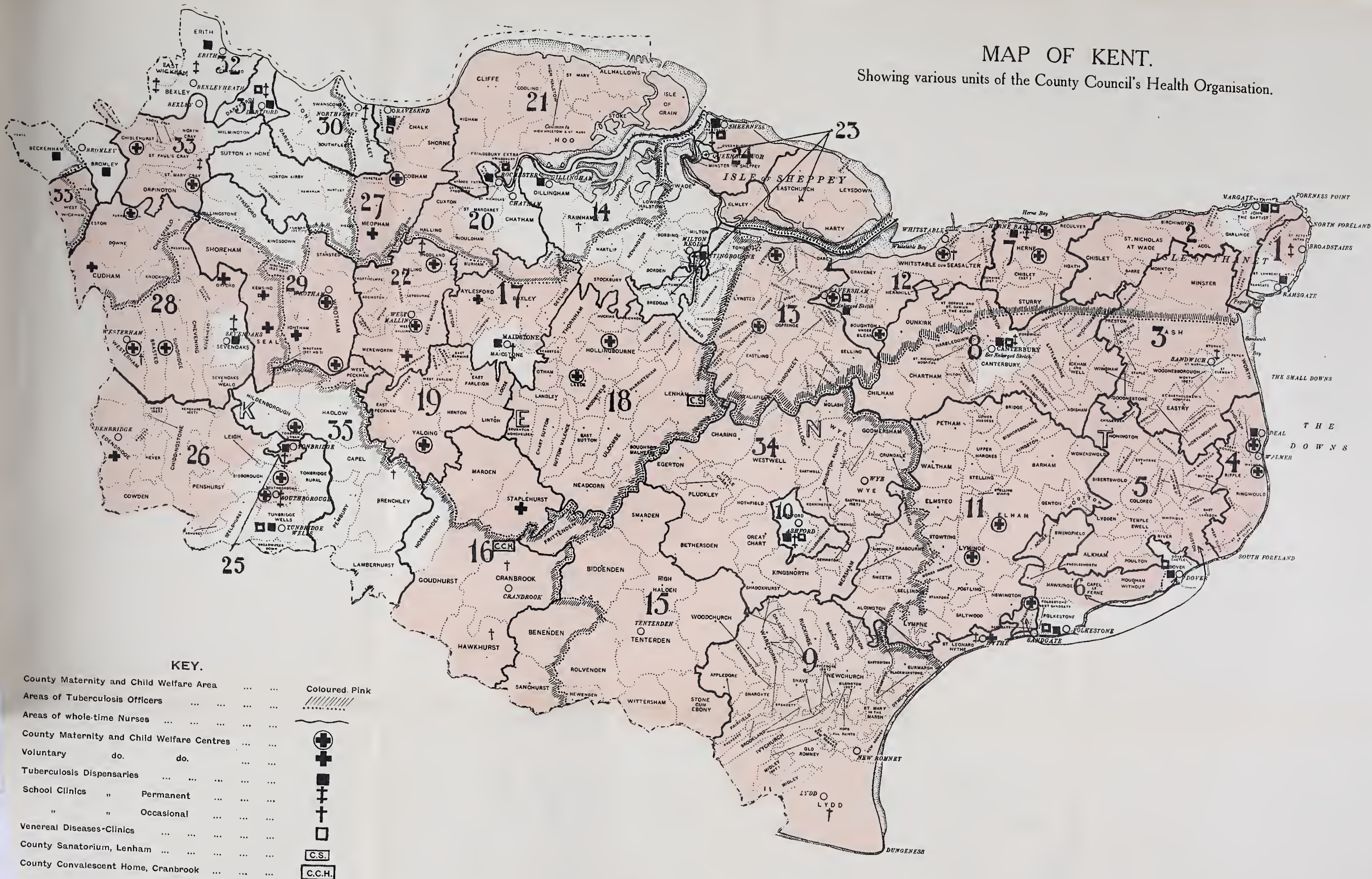
District.		District.	
Ashford	At Poor Law Institution	Sevenoaks	None
Beckenham	None	Sheerness	None
Bexley	None	Sidecup	None
Broadstairs and St. Peter's	Steam disinfectors available	Sittingbourne ...	None
Bromley (Borough)...		Southborough ...	At Isolation Hospital
Chatham (Borough)...	At Poor Law Institution	Tenterden (Borough)	None
Cheriton	By arrangement with Elham Poor Law Insti- tution	Tonbridge	None
Chislehurst	None	Tunbridge Wells (Borough)	Arrangement with Poor Law Institution for treatment of verminous persons. Rooms, bed- ding and clothing dis- infected by Sanitary Authority
Crayford	None		
Dartford	None	Walmer	
Deal (Borough) ...	None	Whitstable	Steam disinfectors available
Dover (Borough) ...	Cleansing station at Isolation Hospital	Wrotham	None
Erith	None		
Faversham (Borough)	At Poor Law Institution		
Folkestone (Borough)	Yes	Ashford, East ...	At Poor Law Institution
Gillingham (Borough)	At Poor Law Institution	Ashford, West ...	At Poor Law Institution
Gravesend (Borough)	None	Blean... ..	At Poor Law Institution
Herne Bay	At Poor Law Institution	Bridge	At Poor Law Institution
Hythe (Borough) ...	By arrangement with Elham Poor Law Insti- tution	Bromley	None
		Cranbrook	None
Lydd (Borough) ...	None	Dartford	At Isolation Hospital
Maidstone (Borough)	Belongings and infected premises disinfected. No proper cleansing station	Dover	None
		Eastry	At Poor Law Institution
Margate (Borough) ...	Cleansing station adjoin- ing disinfecting station	Elham	At Poor Law Institution
		Faversham	At Poor Law Institution
Milton Regis	None	Hollingbourn ...	None
New Romney (Borough)	None	Hoo	None
		Maidstone	None
Northfleet	None	Malling	Hospital disinfection of persons; house disin- fection by the Hospital Authority
Penge	None		
Queenborough (Borough)	None	Milton	None
		Romney Marsh ..	None
Ramsgate (Borough)		Sevenoaks	None
Rochester (City) ...	At Poor Law Institution	Sheppey	None
Sandgate	Yes	Strood	At Poor Law Institution
Sandwich (Borough)	By arrangement with Eastry Poor Law Insti- tution	Tenterden	None
		Thanet	None
		Tonbridge	None

GENERAL.—The County Medical Officer of Health is an *ex-officio* member of the Kent Rural Community Council.

Among the lectures which can be arranged by this body are twenty-two subjects associated with health, food, hygiene and infant welfare; while the assistance that can be rendered in the development of the public health services has been brought to the notice of village committees who have asked for suggestions. The County Medical Officer was invited to prepare a memorandum indicating the main directions in which the Council might give assistance, and this memorandum is receiving consideration in detail. "On broad principle, the Council believes that the public health services will be most permanently assisted through the establishment of Village Community Councils."

MAP OF KENT.

Showing various units of the County Council's Health Organisation.





184a.

* FAYESHAM BOROUGH	... Included under Common Lodging Houses.	* FOLKESTONE BOROUGH	... Under Sale of Food Order—Failure to label imported meat—Fined £2 2s. 0d.
* PENDE FARM	... Includes 83 periodical notices respecting Bakelhouses, Slaghterhouses, Cowsheds, &c.		... Unsound meat—Two cases—fined £10 in each case.
* GRAVESEND BOROUGH	... Food and Drugs Act—selling vinegar containing 31% added water—fined 20/- and 15/- costs; four cases, selling as "malt vinegar" a solution of acetic acid—fined 20/- and 15/- costs in each case. Shops Act—selling groceries on weekly half-holiday—two defendants fined 10/- each. Public Health Acts—defective premises, &c., one case, order to carry out work within twenty-one days, complied with; one case, summons withdrawn on payment of costs, notice complied with; one case, order to carry out work within three months; two cases, adjourned for one month for work to be carried out, complied with.		... Diseased meat—One case, three summonses—fined £10, £2 10s. 0d. and £2 10s. 0d.
* MAIDSTONE BOROUGH	... One case, milk deficient in fat—fined £1; one case, whisky containing extraneous water—fined £3; one case, boric acid in sponge cake—case dismissed.		... Slaughter-house By-laws—Two cases—killing calf in such manner as to cause unnecessary suffering—fined £3 and £1.
* MARGATE BOROUGH	... One case, milk 11% deficient in fat—Case dismissed; one case, separated milk containing 14.5% added water—fined £5; one case, medicine 35% deficient in quinine—fined £5, and analyst's fee £2 10s. 0d.; owner of two houses, let in lodgings, fined £2 on each of four summonses for contravention of by-laws as to houses let in lodgings.		... Unsound bacon—One case, six summonses—fined £1 1s. 0d. on each summons.
* RAMSGATE BOROUGH	... Under Public Health Act, 1875—Depositing filthy matter in passage—Justices' Order and fined 2s. 6d. and 10s. costs. Under Rausgate Corporation Act, 1922—Repairing and covering in drain without giving notice—fined 10s. Under By-laws governing offensive trades—Neglecting to keep drains in good order—fined £2. Under Regulations affecting milk-traders—Bottling milk in street in dirty bottles—fined £2. Under Factory and Workshops Act—Setting up an underground bakelhouse—Summons dismissed on payment of costs. Under Rats and Mice (Destruction) Act—Failing to take such steps as were necessary and reasonably practicable for the destruction of rats—fined 2s and £1 1s. 0d. costs. Under Food and Drugs Acts—two cases, 7% and 13% extraneous water in milk—dismissed (Hunt v. Richardson defence). one case, deficiency of fat in milk—fined £1. one case, boric acid in sausages (51.1 grains per lb.)—fined £2.	* DOVER BOROUGH	... Under Sec. 3, Food and Drugs Act—Sausages containing 84 grains boric acid per pound—Fined 10/-.
	Under Milk and Dairies Amendment Act, 1909—Deficiency of fat in milk—fined £2 10s.		... Under Art. 12, Public Health (Meat) Regulations—Fined £4 and 3s (4s) costs.
			... Under Secs. 117-118, Public Health Act, 1875—Having and concealing diseased portions of a carcass of beef—Butcher acquitted; slaughterman fined £2 10s. 0d. under Act 118.
		* BROMLEY BOROUGH	... Under Arts. 8 and 10, Public Health (Meat) Regulations—Killing animal before giving notice of slaughter, and removing part of carcass from slaughterhouse before inspection—Fined £20.
			... Four cases—Keeping petrol without licence—Fined £2 in each case.
		DEAL BOROUGH	... Non-compliance with notice and Court's order—Fined 1/- per day for 121 days (£6 1s. 0d.) and 4/- costs.
		WALMER URBAN	... Offence against Slaughterhouse By-laws—fined £2 and costs.
			... No information.
			... No information.

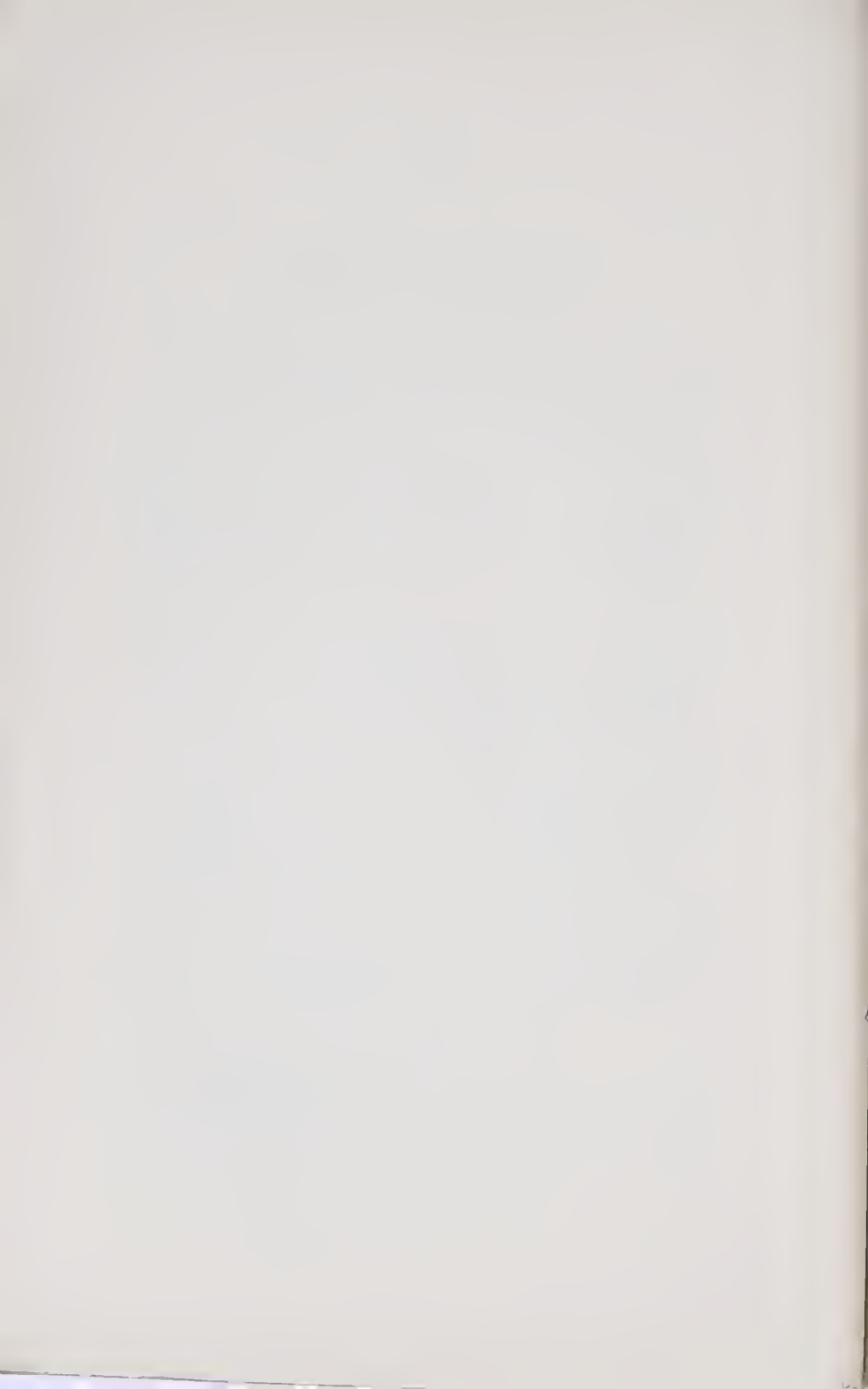


TABLE 30. Showing Record of Sanitary Work undertaken by **RURAL** District Sanitary Inspectors during the year 1925.

DISTRICT.	Bakehouses.				Dairies, Cowsheds and Milkshops.						Slaughter-houses.				Other Food Preparing Places.				Common Lodging-houses.				Houses Let in Lodgings.				Factories, Workshops and Workplaces.										Nuisances.										No. of premises containing each type of sanitary con. (approx.)				Notices Served.		Disinfection.		Approximate amount of food condemned.				Total visits of all kinds paid by Inspector during the year.	Legal Proceedings.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
	Number in District.	Number of visits.	Defects found.	Defects remedied.	Number in District.		Number of visits.	Defects found.	Defects remedied.	Registered.	Licensed.	Number in District.	Number of visits.	Defects found.	Defects remedied.	Number in District.	Number of visits.	Defects found.	Defects remedied.	Number in District.	Number of visits.	Defects found.	Defects remedied.	Factories.	Workshops.	Workplaces.	Number of Visits.	Defects found.	Defects remedied.	Over-crowding.	Offensive Trades.	Keeping of Animals.	Sanitary accommodation.	Conversions of types (included in above column).	Drainage.	Dustbins.	Smoke Abatement.	Others.	W.C.'s into drainage system.	W.C.'s into cess-pool.	Earth closets or privy middens.	Fall-chests.	No. of premises not connected to public water-supplies.	Statutory.	Informal.	Houses, &c.	Batches of Clothing, &c.	Tons.	Cwts.	Qrs.	Lbs.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Ashford, East	11	17	2	2	52	90	...	164	26	26	12	7	330	11	11</

* EAST ASHFORD RURAL.—Four cases of ejectment proceedings where Closing Orders had become operative. One ordered to quit in one month, one in two months, and possession obtained in each case. In the other two cases, there were orders to quit in one month, but extensions of two months and three months were granted on appeal and the time limit has not yet expired.

TABLE 31.—In regard to Births and Deaths; Zymotic, Pthisis and Infantile Mortality; and Incidence of Scarlet Fever, Diphtheria and Enteric Fever—showing the amount of the rate above or below the Urban District average for the years 1925, 1924 and the five years' average 1919–1923, in each Urban District in the County of Kent.

DISTRICT.	Birth Rate.			Death Rate.			Zymotic Death Rate.			Pthisis Death Rate.			Infantile Mortality per 1,000 births.			Incidence of Infectious Diseases per 1,000 of the population.								
																Scarlet Fever.			Diphtheria.			Enteric Fever.		
	1925.	1924.	Aver. 1919–1923.	1925.	1924.	Aver. 1919–1923.	1925.	1924.	Aver. 1919–1923.	1925.	1924.	Aver. 1919–1923.	1925.	1924.	Aver. 1919–1923.	1925.	1924.	Aver. 1919–1923.	1925.	1924.	Aver. 1919–1923.	1925.	1924.	Aver. 1919–1923.
Ashford . . .	0.2	3.1	1.3	1.2	0.8	0.5	0.19	0.52	0.01	0.63	0.09	0.03	20	4	5	0.13	1.03	0.74	0.01	0.83	0.80	0.09	0.19	0.03
Beckenham . . .	2.2	2.4	3.8	1.2	1.1	1.5	0.10	0.02	0.16	0.21	0.20	0.20	8	13	5	0.08	0.45	0.23	0.50	0.29	0.81	0.06	0.05	0.08
Bexley . . .	1.5	1.4	2.9	0.6	1.6	1.1	0.01	0.14	0.19	0.20	0.06	0.11	4	3	3	1.21	0.84	2.68	0.44	0.22	0.33	0.09	0.10	0.09
Broadstairs and St. Peter's . . .	7.4	5.6	6.3	0.0	0.7	0.0	0.16	0.01	0.04	0.13	0.03	0.17	12	1	18	1.33	0.58	1.07	0.47	0.24	1.85	0.09	0.19	0.02
Bromley (Borough) . . .	1.9	1.4	2.5	0.3	0.1	0.7	0.17	0.19	0.13	0.16	0.15	0.24	2	2	4	0.60	0.15	0.39	0.65	0.51	0.05	0.09	0.13	0.01
Chatham (Borough) . . .	3.8	3.1	3.4	0.3	2.1	1.0	0.14	0.44	0.23	0.21	0.07	0.41	8	28	16	0.24	0.42	0.50	0.00	0.49	0.86	0.01	0.22	0.03
Cheriton . . .	6.3	4.7	4.2	1.5	0.5	1.7	0.15	0.11	0.31	0.24	0.23	0.52	12	15	15	0.22	0.50	1.08	0.94	0.63	1.30	0.09	0.19	0.11
Chislehurst . . .	0.3	3.4	3.8	0.5	3.7	2.5	0.12	0.28	0.12	0.31	0.33	0.48	2	39	10	0.09	0.03	0.69	0.91	0.83	0.31	0.09	0.19	0.06
Crayford . . .	4.3	3.1	4.5	3.0	2.1	2.6	0.43	0.20	0.23	0.17	0.08	0.02	15	24	1*	0.10	3.34	0.96*	1.40	0.13	1.99*	0.07	0.19	0.09
Dartford . . .	4.0	2.1	1.2	2.2	2.4	2.1	0.04	0.09	0.25	0.32	0.07	0.07	3	24	4	0.23	0.74	3.27	0.24	0.16	3.00	0.05	0.19	0.15
Deal (Borough) . . .	1.1	0.6	1.1	0.9	2.0	1.7	0.17	0.03	0.19	0.10	0.36	0.06	18	9	8	1.25	1.06	1.33	1.01	0.58	1.60	0.00	0.10	0.04
Dover (Borough) . . .	2.4	3.1	3.0	1.1	0.4	0.2	0.23	0.23	0.12	0.10	0.05	0.06	5	13	0	0.69	0.38	0.72	0.63	0.45	0.31	0.06	1.05	0.04
Edith . . .	1.7	0.3	1.9	1.4	2.1	1.7	0.06	0.24	0.12	0.16	0.17	0.03	1	0	2	0.22	1.89	1.48	1.51	2.17	0.18	0.05	0.06	0.01
Faversham (Borough) . . .	0.8	0.5	0.3	0.9	0.6	1.0	0.24	0.28	0.15	0.47	0.12	0.03	20	9	7	0.30	0.21	0.65	0.75	0.75	0.41	0.09	0.09	0.08
Folkestone (Borough) . . .	0.7	0.9	1.1	0.6	0.3	0.1	0.10	0.19	0.20	0.05	0.29	0.03	19	5	9	0.13	0.26	0.51	0.28	0.77	1.18	0.09	0.16	0.03
Gillingham (Borough) . . .	0.1	0.2	2.0	1.2	0.4	0.4	0.13	0.17	0.04	0.21	0.11	0.12	4	3	1	0.35	0.47	0.37	0.76	0.55	0.45	0.04	0.12	0.06
Gravesend (Borough) . . .	4.4	1.7	2.4	1.3	0.9	1.0	0.64	0.37	0.09	0.12	0.15	0.26	6	13	2	0.83	0.70	0.48	5.38	3.20	0.23	0.09	0.12	0.02
Herne Bay . . .	5.3	5.4	5.5	0.4	0.3	0.0	0.21	0.28	0.28	0.02	0.02	0.16	4	6	7	0.45	0.40	0.34	1.13	0.53	0.18	0.09	0.19	0.04
Hythe (Borough) . . .	3.6	3.3	2.3	2.0	0.3	0.9	0.07	0.28	0.16	0.07	0.46	0.37	39	4	9	0.26	1.47	0.71	0.99	0.69	1.28	0.09	0.19	0.03
Lydd (Borough) . . .	5.5	0.9	1.8	0.9	6.6	0.0	0.34	0.28	0.29	1.06	0.51	0.07	6	31	27	1.51	1.02	1.97	1.13	0.83	1.48	0.09	0.19	0.11
Maidstone (Borough) . . .	0.7	0.5	0.4	0.4	0.8	0.1	0.13	0.15	0.14	0.11	0.15	0.07	5	5	3	1.76	0.34	1.55	0.56	0.19	0.71	0.02	0.02	0.01
Margate (Borough) . . .	0.8	2.0	1.6	0.6	0.0	0.2	0.23	0.17	0.10	0.21	0.01	0.21	15	17	1	0.03	0.72	1.47	1.26	0.06	0.18	0.05	0.03	0.03
Milton Regis . . .	1.7	2.9	1.6	2.8	0.7	0.7	0.19	0.12	0.09	0.22	0.51	0.06	9	9	9	0.60	1.07	0.40	0.60	0.56	0.05	0.05	0.05	0.11
New Romney (Borough) . . .	1.9	0.3	3.5	1.5	1.6	1.8	0.34	0.28	0.33	0.75	0.10	0.16	56	64	29	1.51	1.47	2.13	1.13	0.83	1.71	0.09	0.19	0.11
Northfleet . . .	3.6	4.7	4.5	0.8	0.7	0.1	1.15	0.20	0.57	0.04	0.00	0.06	27	0	4	0.50	1.17	0.57	3.85	5.62	0.87	0.03	0.13	0.01
Penge . . .	1.4	1.9	1.3	0.6	0.0	1.5	0.25	0.17	0.11	0.16	0.08	0.05	12	3	18	0.37	0.47	0.03	0.14	0.45	0.11	0.46	0.19	0.02
Queensborough (Borough) . . .	0.7	1.0	4.1	4.0	3.8	2.5	0.34	0.03	0.50	0.75	0.46	0.06	36	15	32	0.88	0.85	0.29	1.13	0.83	1.71	0.09	0.19	0.07
Raingate (Borough) . . .	0.4	0.9	1.3	2.7	2.3	2.0	0.07	0.15	0.23	0.27	0.21	0.10	1	5	8	0.09	0.71	0.68	0.11	0.50	0.11	0.05	0.12	0.01
Rochester (City) . . .	0.3	0.3	0.6	0.2	0.2	0.3	0.05	0.04	0.05	0.10	0.00	0.01	0	5	3	0.72	0.34	1.16	0.78	0.51	0.18	0.09	0.06	0.03
Sandgate . . .	4.6	1.4	2.6	5.1	1.2	1.2	0.34	0.28	0.37	0.39	0.77	0.46	25	30	37	3.45	0.54	0.34	0.67	0.83	0.79	0.09	0.19	0.11
Sandwich (Borough) . . .	3.0	1.5	1.6	1.0	2.0	1.6	0.34	0.36	0.16	0.20	0.45	0.22	7	85	15	1.19	0.11	2.06	0.81	0.82	1.78	0.23	0.19	0.05
Sevenoaks . . .	2.3	3.1	4.4	0.2	0.5	0.1	0.10	0.17	0.24	0.21	0.01	0.21	10	23	13	0.24	0.92	1.90	0.47	0.72	0.72	0.10	0.25	0.07
Sheerness . . .	2.9	0.7	1.4	1.1	0.7	0.3	0.04	0.44	0.18	0.22	0.10	0.01	3	16	5	0.50	2.15	1.42	0.77	0.83	0.56	0.03	0.01	0.13
Sidcup . . .	3.1	3.6	3.7	0.6	1.5	0.1	0.34	0.17	0.03	0.10	0.21	0.27	8	47	4	0.97	0.12	0.45	0.69	0.71	0.91	0.09	0.04	0.02
Sittingbourne . . .	2.6	3.2	4.1	0.7	1.2	0.2	0.48	0.13	0.04	0.17	0.66	0.17	13	27	5	2.49	0.85	0.20	0.10	0.31	0.28	0.73	0.19	0.04
Southborough . . .	0.2	0.5	0.0	3.8	4.4	2.7	0.19	0.13	0.29	0.19	0.22	0.05	29	39	16	0.20	1.73	0.11	0.56	0.45	0.78	0.09	0.19	0.11
Tenterden (Borough) . . .	2.0	1.1	5.3	4.6	0.7	0.1	0.34	0.03	0.17	0.20	0.77	0.14	34	20	23	0.39	1.16	2.16	1.13	0.83	0.96	0.23	0.12	0.13
Tonbridge . . .	1.6	0.9	1.4	0.1	1.0	0.3	0.34	0.02	0.23	0.45	0.17	0.06	1	5	0	1.39	0.21	0.82	0.87	0.38	0.97	0.02	0.07	0.04
Tonbridge Wells (Borough) . . .	4.0	4.5	4.8	2.3	0.9	2.0	0.25	0.16	0.27	0.28	0.22	0.09	20	17	0	0.61	0.59	0.18	0.71	0.50	0.75	0.00	0.11	0.04
Walmer . . .	5.5	0.9	4.4	4.4	1.2	0.7	0.11	0.28	0.05	0.22	0.77	0.38	8	31	1	1.51	1.02	1.61	0.68	0.60	0.89	0.14	0.04	0.03
Whitstable . . .	2.9	5.5	3.1	0.5	0.7	1.0	0.23	0.28	0.25	0.63	0.05	0.05	3	37	5	0.04	0.95	0.87	1.13	0.62	1.28	0.12	0.19	0.06
Wrotham . . .	0.4	3.0	2.8	1.9	1.6	0.3	0.10	0.04	0.34	0.29	0.30	0.07	14	64	21	0.81	0.77	1.41	0.66	1.04	1.80	0.09	0.19	0.11
Average rates of the 42 Urban Districts . . .	16.6	16.8	19.9	11.5	11.3	11.7	0.34	0.28	0.47	0.75	0.77	0.84	56	56	61	1.51	1.47	2.69	1.13	0.83	1.84	0.09	0.19	0.11

* Crayford was only constituted an Urban District in October, 1920, and this figure is an average for four years only (three years only, in respect of the incidence of the infectious diseases).

The figures printed in red represent the balance of the rate above the rate for the aggregate Urban Districts, the figures in black the balance of the rate below the average.

(The actual rate is obtained by adding or deducting the figures shown, to or from the average rates given in the last line).



TABLE 32.—In regard to Births and Deaths; Zymotic, Phthisis and Infantile Mortality; and Incidence of Scarlet Fever, Diphtheria and Enteric Fever—showing the amount of the rate above or below the Rural District average for the years 1925, 1924 and the five years' average 1919–1923, in each Rural District in the County of Kent.

DISTRICT.	Birth Rate.			Death Rate.			Zymotic Death Rate.			Phthisis Death Rate.			Infantile Mortality per 1,000 births.			Incidence of Infectious Diseases per 1,000 of the population.								
																Scarlet Fever.			Diphtheria.			Enteric Fever.		
	1925.	1924.	Aver. 1919–1923.	1925.	1924.	Aver. 1919–1923.	1925.	1924.	Aver. 1919–1923.	1925.	1924.	Aver. 1919–1923.	1925.	1924.	Aver. 1919–1923.	1925.	1924.	Aver. 1919–1923.	1925.	1924.	Aver. 1919–1923.	1925.	1924.	Aver. 1919–1923.
Ashford, East	1·5	0·1	0·0	1·2	3·1	0·4	0·17	0·29	0·07	0·40	0·30	0·21	20	1	0	0·67	0·78	0·21	0·47	0·16	0·27	0·01	0·02	0·03
Ashford, West	0·1	0·7	2·1	3·7	1·5	0·4	0·18	0·02	0·03	0·27	0·01	0·06	54	7	1	0·49	0·67	0·30	0·48	0·43	0·63	0·15	0·16	0·07
Blean ..	2·7	0·3	3·2	0·6	1·1	0·7	0·10	0·12	0·19	0·38	0·06	0·05	5	1	18	0·02	0·86	0·98	0·74	0·43	0·29	0·15	0·04	0·01
Bridge ..	0·6	0·9	0·4	1·6	0·6	0·4	0·04	0·06	0·04	0·14	0·06	0·02	8	18	6	0·95	0·82	0·17	0·47	0·07	0·35	0·06	0·07	0·02
Bromley ..	0·8	1·0	1·0	1·0	0·1	0·5	0·09	0·05	0·02	0·11	0·18	0·08	4	11	4	0·58	1·04	0·64	0·41	0·05	0·53	0·07	0·12	0·02
Craibbrook ..	0·1	1·3	0·6	2·2	1·6	1·5	0·23	0·24	0·06	0·12	0·06	0·12	11	3	11	2·74	0·87	0·10	0·50	0·12	0·47	0·07	0·08	0·03
Dartford	1·3	0·8	0·9	2·0	2·6	1·8	0·37	0·07	0·17	0·10	0·10	0·05	3	17	1	0·39	0·60	1·20	1·25	0·20	1·07	0·12	0·16	0·03
Dover ..	2·3	1·5	2·9	0·7	0·0	0·3	0·41	0·24	0·02	0·12	0·40	0·02	3	30	26	0·31	0·88	1·02	0·50	0·30	0·67	0·15	0·16	0·09
Eastry ..	1·0	0·5	0·5	0·2	0·7	0·5	0·01	0·09	0·21	0·06	0·45	0·01	9	28	2	0·31	0·43	0·97	0·01	0·20	1·11	0·07	0·08	0·02
Elham ..	2·3	1·8	2·3	0·2	1·9	2·0	0·05	0·11	0·16	0·28	0·13	0·03	15	3	7	0·74	0·54	0·31	0·22	0·43	0·98	0·15	0·03	0·04
Faversham ..	2·1	1·6	1·9	0·2	0·8	0·3	0·11	0·03	0·09	0·09	0·22	0·02	13	14	8	0·57	0·28	0·33	0·32	0·89	0·13	0·15	0·16	0·05
Hollingbourn	0·3	0·9	1·1	1·6	2·5	0·7	0·16	0·16	0·07	0·24	0·15	0·00	24	13	6	0·22	0·35	0·05	0·21	0·05	0·29	0·07	0·16	0·11
Hoo ..	4·0	3·6	5·3	1·6	0·5	0·8	0·09	1·25	0·40	0·02	0·32	0·35	14	17	4	0·49	2·23	0·17	0·11	0·43	0·71	0·15	0·06	0·09
Maidstone ..	0·8	1·1	0·1	1·8	0·4	1·5	0·22	0·12	0·10	0·01	0·24	0·03	17	4	11	0·69	0·42	0·70	0·49	0·68	0·11	0·09	0·02	0·02
Malling ..	1·5	0·0	2·7	0·2	1·0	0·2	0·00	0·00	0·02	0·08	0·17	0·01	14	10	1	0·04	0·67	0·10	0·93	0·31	0·42	0·11	0·04	0·00
Milton ..	0·8	0·8	0·8	0·5	1·1	0·1	0·10	0·05	0·10	0·17	0·02	0·09	31	6	4	0·16	0·82	0·87	0·04	0·14	1·43	0·08	0·06	0·05
Romney Marsh	0·7	5·0	0·8	0·1	0·5	1·2	0·31	0·24	0·24	0·01	0·13	0·09	18	12	3	0·49	1·18	1·11	0·74	0·53	1·40	0·15	0·16	0·09
Sevenoaks ..	0·0	0·5	2·1	0·1	1·2	0·2	0·10	0·01	0·17	0·10	0·12	0·11	27	21	1	1·36	0·14	1·00	0·44	0·03	0·45	0·10	1·05	0·03
Sheppey ..	0·7	0·4	3·0	2·0	3·4	2·1	0·31	0·02	0·19	0·47	0·19	0·41	15	25	4	0·71	0·53	1·29	0·53	0·43	0·66	0·15	0·16	0·09
Strood ..	1·9	1·5	2·0	1·6	3·1	0·1	0·13	0·11	0·22	0·06	0·27	0·07	16	30	2	0·01	0·39	0·25	0·20	0·60	0·13	0·15	0·09	0·13
Tenterden ..	1·4	0·6	0·7	0·0	5·6	2·5	0·31	0·07	0·08	0·14	0·09	0·02	27	27	13	0·27	0·84	1·38	0·74	0·13	1·43	0·20	0·18	0·06
Thanet ..	3·7	5·7	2·1	0·4	0·0	0·5	0·20	0·15	0·12	0·11	0·01	0·23	23	1	15	0·21	0·33	0·00	0·23	0·34	1·31	1·69	0·16	0·03
Tonbridge ..	0·3	0·6	1·2	0·9	0·8	0·0	0·08	0·04	0·02	0·07	0·14	0·04	8	2	2	0·86	0·57		0·13	0·07	0·75	0·03	0·04	0·00
Average rates of the 23 Rural Districts ..	16·3	16·7	19·8	11·3	10·8	11·3	0·31	0·24	0·38	0·65	0·75	0·79	56	47	55	1·13	1·18	1·77	0·74	0·43	1·54	0·15	0·16	0·09

The figures printed in red represent the balance of the rate above the rate for the aggregate Rural Districts, the figures in black the balance of the rate below the average.
(The actual rate is obtained by adding or deducting the figures shewn, to or from the average rates given in the last line)

TABLE 33.—SHOWING CAUSES OF DEATH IN THE **URBAN DISTRICTS** OF THE COUNTY OF KENT
DURING THE YEAR 1925.

184e.

District.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Escarlatina febrilis.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Cancer Malignant Disease.	Rheumatic Fever.	Dysentery.	Cerebral Hemorrhage, etc.	Heart Disease.	Artificial Anemia.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Diarrhoea, &c. (Under 2 years).	Appendicitis and Typhlitis.	Gonorrhea of Liver.	Acute and Chronic Nephritis.	Phlegmonous Septicæmia.	Other accidents and diseases of pregnancy and parturition.	Constitutional debility and malnutrition, premature birth.	Suicide.	Other deaths from violence.	Deaths defined as ill-defined causes ill-defined or unknown.	Polio-myelitis	Polio-encephalitis			
Ashtford (Urban)	1	...	12	1	...	...	19	1	24	...	3	13	37	3	11	11	1	...	1	3	...	1	2	...	8	...	31	1	...	...	...
Beckenham (Urban) ...	1	...	1	4	1	15	4	...	...	16	9	46	...	7	23	53	12	25	15	5	4	...	4	...	11	3	...	14	3	64	...	...	...	...
Bexley (Urban)	2	3	...	22	1	...	22	1	1	19	36	2	17	25	5	2	...	3	...	1	6	2	1	14	3	36	
Broadstairs and St. Peter's (Urban)	9	2	...	21	4	...	18	...	3	10	27	6	2	7	3	...	2	1	...	1	1	...	3	...	4	22	1	
Bromley (Borough)	2	...	16	...	2	21	4	49	1	7	27	60	25	46	22	3	...	2	4	3	2	11	2	17	3	12	79	...	...	...	...
Chatham (Borough)	1	1	4	2	12	1	...	41	10	9	3	5	19	71	28	18	6	3	...	4	...	...	...	7	1	27	5	20	118	1	...	...	...
Cheriton (Urban)	1	...	...	4	...	2	12	...	8	18	6	9	4	1	...	...	1	...	2	...	1	5	...	3	20	...	...	...	...
Clidburgh (Urban)	4	4	3	...	...	12	3	...	9	...	8	20	5	9	6	2	...	...	1	1	...	3	...	1	5	...	2	11	...	...	...
Crayford (Urban) ...	1	...	...	1	4	2	3	...	29	...	30	...	3	19	52	5	17	15	4	1	...	...	...	2	2	4	9	2	11	34	...	...	...	...
Dartford (Urban)	2	...	1	8	...	30	10	28	...	17	1	3	2	...	5	...	5	2	6	...	16	3	10	96	2	
Deal (Borough)		
Dover (Borough) ...	1	...	7	...	10	1	9	2	1	36	4	82	...	1	36	77	19	44	29	7	4	4	4	1	2	...	7	3	10	96	2	...	...	...
Erith (Urban)	6	7	4	30	7	41	1	4	23	67	9	24	14	2	1	9	...	12	2	11	40	
Faversham (Borough)	1	...	...	...	...	...	...	3	...	3	...	5	12	2	12	5	1	...	...	1	2	3	...	2	...	1	2	4	35	...	...	...	...
Folkstone (Borough) ...	1	...	...	4	2	8	...	24	6	1	3	21	50	67	17	37	28	11	8	5	5	5	1	2	4	...	16	5	12	73	2	...	...	...
Gillingham (Borough)	3	2	11	...	...	31	5	61	1	6	21	37	17	37	28	11	8	5	3	3	6	1	2	...	27	8	8	127	2	...	...	...
Gravesend (Borough)	6	...	4	17	12	4	...	21	6	42	...	2	37	43	15	38	33	8	5	5	5	1	4	1	...	14	4	11	83	2	...	...	...
Herne Bay (Urban)	1	...	8	...	1	8	2	19	...	...	...	8	24	11	3	...	1	1	...	...	2	...	...	1	4	2	25	...	...	...	...
Hythe (Borough)	1	...	5	...	1	5	1	2	...	2	7	13	13	4	4	3	1	...	...	2	...	1	...	2	2	3	17	...	...	...	...
Lydd (Borough)	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Maldenstone (Borough)	2	1	15	1	10	...	1	27	6	56	2	5	16	25	15	29	12	7	1	...	5	3	9	2	...	21	5	20	91	2	...	...	...
Margate (Borough)	1	...	6	1	...	27	9	43	...	...	...	18	49	13	13	15	7	...	2	2	3	9	1	2	14	2	11	56	...	...	...
Milton Regis (Urban)	2	...	...	...	...	...	4	1	16	2	2	5	16	3	3	8	...	1	2	...	...	1	4	...	5	1	5	24	1	...	...	...
New Romney (Borough)	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Northfleet (Urban)	2	...	2	18	4	...	...	12	3	11	...	...	...	9	37	2	14	22	3	...	3	2	...	...	...	...	10	1	13	33	...	...	...
Penge (Urban)	1	3	5	8	1	...	16	9	38	...	1	22	10	21	11	20	2	3	7	2	9	6	8	54	1	
Queensborough (Borough)	2	4	...	...	...	...	2	5	1	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ramsgate (Borough)	4	1	10	1	...	31	10	55	1	4	21	55	19	30	24	6	2	3	15	4	14	103	6	
Robchester (City) ...	1	...	5	1	11	...	2	21	4	46	...	1	6	24	46	20	21	20	4	4	2	7	1	...	...	...	...	13	1	8	79	...	...	...
Sandgate (Urban)	2	2	...	...	...	...	2	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sandwich (Borough)	3	2	6	2	1	5	1	1	1	2	6	
Seveonaks (Urban)	4	...	1	...	5	3	13	...	13	19	7	7	4	...	...	1	...	...	1	2	2	...	2	1	1	...	3	22	...	...	...
Sheerness (Urban)	3	...	6	...	...	17	5	28	...	10	24	8	14	9	...	...	1	2	2	...	...	...	...	3	...	11	3	4	25	...	...	...	...
Sidcup (Urban)	4	1	...	6	1	11	1	3	7	12	5	11	6	1	1	...	...	1	1	...	1	1	3	...	...	2	22	...	...	...	...
Sittingbourne (Urban) ...	1	...	1	5	...	...	9	1	7	...	6	16	1	9	...	10	...	...	...	...	1	...	...	...	5	...	...	9	...	5	27	...	...	...
Southeam (Urban)	6	1	...	16	11	4	16	11	4	2	1	4	...	3	10	
Tenenden (Borough)	3	...	...	3	...	...	...	...	...	5	7	4	5	6	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Tonbridge (Urban)	4	3	...	19	8	23	...	3	13	33	8	9	6	2	5	3	36	2	
Tunbridge Wells (Borough)	1	...	1	14	...	16	5	77	5	28	100	25	19	24	4	5	1	4	4	4	19	1	1	6	5	12	90	
Whaler (Urban) ...	1	...	...	...	...	...	3	...	3	...	13	...	...	...	2	12	19	8	3	3	1	1	1	1	3	4	...	...	...	...	...	...	...	...
Whitstable (Urban)	1	...	...	...	...	4	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wrotham (Urban)	1	2	1	5	1	1	1	9
Tota Urban Districts	6	26	7	97	69	234	23	8	580	140	1132	20	80	548	1385	356	617	456	111	68	52	64	17	212	16	23	340	76	255	1711	25	...	...	...



TABLE 34.—SHOWING CAUSES OF DEATH IN THE **RURAL DISTRICTS** OF THE COUNTY OF KENT
DURING THE YEAR 1925.

184i.

District.	Enteric Fever		Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Erysipelas	Lentiginosæ	Membranous Meningitis	Tuberculosis of Respiratory System	Other Tuberculous Diseases	Cancer, Malignant Disease	Rheumatic Fever	Diabetes	Cerebral Hemorrhage, etc.	Heart Disease	Arterio-sclerosis	Bronchitis	Pneumonia (all forms)	Other Respiratory Diseases	Ulcer of Stomach or Duodenum	Diarrhoea, &c. (Under 2 years)	Appendicitis and Typhitis	Cirrhosis of Liver.	Acute and Chronic Nephritis	Puerperal Sepsis	Other Accidents and Diseases of Pregnancy and Parturition	Congenital Debility and malformation, premature birth	Suicide	Other deaths from violence	Other defined diseases	Causes ill-defined or unknown	Special Causes (included in preceding columns.)		
	Polio-myelitis.	Polio-encephalitis.																																			
Ashford, East	2	...	11	...	...	...	16	2	21	2	5	5	25	13	9	12	4	1	...	1	...	2	1	...	9	2	7	39	1	...	...
Ashford, West...	1	4	...	...	...	3	...	15	1	...	13	14	3	10	5	1	4	...	2	...	3	...	...	5	2	3	26	2	...	...
Blean	3	1	...	...	...	9	...	10	...	1	5	17	2	1	3	1	1	1	1	...	2	...	...	2	1	6	26	...	...	...
Bridge	2	...	4	...	...	...	9	4	23	1	...	12	26	5	4	6	1	2	1	...	1	3	...	...	7	...	2	33	...	...	1	...
Bromley	1	...	2	...	...	1	7	...	...	...	15	8	44	...	2	26	29	7	34	21	4	2	2	1	...	9	...	1	14	1	6	43	...	...	...
Cranbrook	8	...	...	...	10	2	26	...	1	10	31	11	5	15	4	3	1	2	1	5	...	1	9	...	5	21	...	...	...
Dartford	1	...	2	1	10	7	6	1	1	22	8	41	...	2	26	76	7	27	26	5	4	6	2	1	6	...	...	...	15	3	22	46	...	...	...	...
Dover	6	...	1	2	...	...	2	2	6	2	1	7	17	2	8	5	...	2	...	3	...	1	...	...	2	...	1	16	2	...	...	...
Eastry	1	...	3	...	...	...	...	...	8	3	15	2	3	10	26	2	16	5	2	...	...	...	1	...	...	...	8	5	8	37	...	...	...
Elham	2	...	3	1	...	...	3	1	11	...	1	3	12	1	7	6	1	...	...	...	2	...	...	...	3	...	3	26	1	...	...	...
Faversham	4	...	1	...	3	...	...	...	8	2	22	...	1	12	18	3	11	3	3	1	1	...	3	...	4	11	...	6	41	...	...	...	...
Hollingbourn	1	...	3	1	...	...	12	2	20	...	3	17	27	8	16	6	2	1	1	1	...	5	...	...	8	3	3	31	2	...	...	...
Hoo	1	...	...	...	...	3	1	3	...	...	5	8	...	4	2	...	1	...	...	2	...	...	...	3	...	...	1	12	...	...	...
Maidstone	1	...	...	...	5	2	5	...	...	...	11	4	28	...	1	6	36	12	18	10	8	...	1	...	1	5	...	1	9	2	8	48	1	...	...	...
Malling...	4	...	19	1	...	...	19	5	35	...	5	15	38	7	16	17	4	3	4	1	...	7	...	...	8	2	9	72	4	...	...	...
Milton	2	1	4	...	...	...	...	7	4	29	2	2	11	17	15	8	12	3	...	...	1	...	5	1	...	5	1	5	34	1	...	...	...
Romney Marsh	5	...	...	...	2	...	4	...	...	3	1	4	4	1	...	1	...	...	1	2	...	...	2	...	1	4	...	...	...
Sevenoaks	1	3	...	14	1	...	...	...	18	6	33	...	4	2	49	3	13	10	4	1	1	2	1	4	...	...	3	...	5	68	5	...	...	...
Sheppoy	1	...	...	...	...	1	...	4	...	...	2	6	2	4	1	...	...	...	2	1	2	...	...	2	3	2	10	1	...	...	...
Strood	1	1	...	1	...	5	...	...	...	...	12	1	17	1	...	12	24	8	14	10	3	2	...	3	2	3	...	1	7	3	8	22	...	...	...	...
Teutenden	4	...	...	...	...	3	1	8	...	...	4	9	3	5	2	1	...	...	1	...	3	...	...	1	...	4	17	...	...	...	...
Thanet	6	...	7	...	...	...	10	3	10	...	2	13	17	2	4	4	2	...	...	1	1	6	...	...	9	1	4	26	2	...	...	...
Tonbridge	1	2	...	7	2	...	...	...	13	2	23	...	1	16	49	8	9	11	3	1	1	1	...	9	1	...	7	1	5	43	4	...	...	...
Totals in Rural Districts ...	3	1	10	3	50	13	124	10	1	216	61	448	11	35	252	572	128	247	193	56	30	20	25	10	90	3	8	149	29	124	744	26	1	...	...
Totals in Urban Districts ...	6	...	26	7	97	69	234	23	8	580	140	1132	20	80	548	1335	356	617	456	111	68	52	64	47	212	16	23	340	76	255	1711	25	...	...	...
Totals in County ...	9	1	36	10	147	82	358	33	9	796	201	1580	31	115	800	1907	484	864	649	167	98	72	89	57	302	19	31	489	105	379	2455	51	1	...	...



TABLE 35.—SHOWING CAUSES OF DEATH AT DIFFERENT AGE PERIODS IN THE COUNTY OF KENT
DURING THE YEAR 1925.

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Age.	Sex	All Causes	Euteric Fever	Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Erysipelas	Lethargia	Meningococcal Meningitis	Tuberculosis of Respiratory System	Other Tuberculosis	Cancer, Malignant Diseases	Rheumatic Fever	Diabetes	Cerebral Hemorrhage, &c.	Heart Disease	Arterio-sclerosis	Bronchitis	Pneumonia (all forms)	Other Respiratory Diseases	Ulcer of Stomach or Duodenum	Diarrhoea, &c.	Appendicitis and Typhilitis	Cirrhosis of Liver	Acute and Chronic Nephritis	Puerperal Septicaemia	Other Accidents and Diseases of Pregnancy and Parturition	Congenital debility and malformation, premature birth	Suicide	Other deaths from violence	Other defined causes	Causes undetermined or unknown				
AGGREGATE URBAN DISTRICTS.																																							
Under 1 year	M.	413	...	...	4	...	24	...	6	...	...	...	...	8	...	...	...	...	...	...	32	42	1	...	...	...	...	2	...	...	...	195	...	3	70	...	
	F.	301	...	...	3	...	17	...	2	...	3	...	...	2	...	...	...	...	...	...	16	40	...	...	...	...	...	...	...	...	...	134	...	11	47	...	
1 year and under 2 years ...	M.	87	...	...	1	...	10	...	5	...	3	...	...	12	...	...	...	...	...	...	6	27	1	...	...	...	...	...	...	...	...	1	4	11	...		
	F.	74	...	...	3	...	22	...	2	...	1	...	...	...	...	...	...	...	...	...	5	21	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 years and under 5 years ...	M.	92	...	...	6	...	9	...	1	...	2	...	...	15	...	...	...	...	...	...	1	18	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	82	...	...	4	...	13	...	9	...	2	...	1	...	...	...	...	...	...	...	2	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 years and under 15 years ...	M.	109	...	...	3	...	15	...	1	...	2	...	...	...	...	...	...	...	...	...	4	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	119	...	...	2	...	23	...	3	...	2	...	1	...	...	...	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
15 years and under 25 years ...	M.	166	...	...	...	...	1	...	5	...	3	...	...	62	...	...	...	...	...	...	3	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	181	...	...	...	...	...	...	8	...	...	...	...	74	...	...	...	...	...	...	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25 years and under 45 years ...	M.	459	...	...	...	...	...	...	15	...	3	...	...	159	...	...	...	...	...	...	2	31	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	437	...	...	...	...	...	...	18	...	...	...	...	121	...	...	...	...	...	...	6	30	...	...	...	...	...	...	...	...	...	...	...	...	...	...
45 years and under 65 years ...	M.	1154	...	...	...	...	...	...	27	...	7	...	...	90	...	...	...	...	...	...	12	80	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	921	...	...	...	...	...	...	37	...	8	...	...	82	...	...	...	...	...	...	3	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...
65 years and over ...	M.	1802	...	...	...	...	...	...	40	...	...	...	...	15	...	...	...	...	...	...	14	147	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	2337	...	...	...	...	...	...	71	...	2	...	...	6	...	...	...	...	...	...	29	231	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
All ages—Urban	M.	4282	1	...	14	3	44	30	98	16	3	330	69	510	7	34	232	576	177	289	243	60	49	33	37	103	...	...	...	...	...	201	53	162	845	13	
	F.	4452	5	...	12	4	53	39	136	7	5	250	71	622	13	46	816	759	179	328	213	51	18	42	31	10	109	16	23	139	23	93	827	12	
AGGREGATE RURAL DISTRICTS.																																							
Under 1 year	M.	170	...	...	3	...	7	...	3	...	...	...	...	4	...	...	...	...	...	...	13	16	...	...	...	...	...	...	...	...	...	...	85	...	...	29	1
	F.	130	...	...	...	...	20	...	3	...	...	...	...	3	...	...	...	...	...	...	10	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1 year and under 2 years ...	M.	27	...	...	1	...	3	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	34	...	...	2	...	6	...	1	...	...	...	...	2	...	...	...	...	...	...	3	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 years and under 5 years ...	M.	43	...	...	1	...	5	...	1	...	...	...	...	1	...	...	...	...	...	...	2	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	40	...	...	1	...	4	...	1	...	...	...	...	...	...	...	...	...	...	...	1	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 years and under 15 years ...	M.	51	...	...	1	...	2	...	4	...	1	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	41	...	...	1	...	3	...	3	...	...	...	...	3	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
15 years and under 25 years ...	M.	75	...	...	...	...	...	...	2	...	1	...	...	17	...	...	...	...	...	...	1	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	53	...	...	...	...	...	...	2	...	...	...	...	20	...	...	...	...	...	...	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25 years and under 45 years ...	M.	176	...	...	...	...	...	...	6	...	1	...	...	62	...	...	...	...	...	...	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	140	...	...	...	...	...	...	6	...	...	...	...	48	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
45 years and under 65 years ...	M.	446	...	...	...	...	...	...	12	...	...	...	...	26	...	...	...	...	...	...	5	25	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	345	...	...	...	...	...	...	9	...	3	...	...	24	...	...	...	...	...	...	9	35	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
65 years and over ...	M.	978	...	...	...	...	...	...	83	...	2	...	...	9	...	...	...	...	...	...	8	86	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	943	...	...	...	...	...	...	40	...	...	...	...	5	...	...	...	...	...	...	1	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
All ages—Rural	M.	1966	1	1	6	1	17	6	63	6	...	116	32	227	8	13	116	292	75	128	109	27	23	19	13	7	56	...	...	...	...	88	22	89	389	16	
	F.	1726	2	...	4	2	33	7	61	4	...	100	29	221	3	22	136	280	53	119	84	27	27	13	12	3	34	3	...	...	...	...	61	7	35	343	10



TABLE 36. Information respecting the various Adoptive Acts, Bye-Laws and Regulations which are in Force in the URBAN DISTRICTS of the County of Kent.

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DISTRICT.	Common Lodging Houses (P.H. Act, 1875, S. 30).	Houses let in Lodgings (P.H. Act, 1875, S. 30).	Cleansing, &c., and Removal of Refuse (P.H. Act, 1875, S. 44).	Tents, Vans, Sheds, &c. (P.H. Act, 1875, S. 42).	Public Mortuaries (P.H. Act, 1875, S. 11).	Hop-Pickers and Fruit Pickers (P.H. Act, 1875, S. 34).	Slaughter-houses (P.H. Act, 1875, S. 109).	Prevention of Nuisances (P.H. Act, 1875, S. 34).	Keeping of Animals (P.H. Act, 1875, S. 34).	Offensive Trades (P.H. Act, 1875, S. 113).	New Streets and Buildings (P.H. Act, 1875, S. 157, and P.H. Act, 1890, S. 23).	Removal of Offensive Matters and House Refuse (P.H. Act, 1875, S. 157, and P.H. Act, 1890, S. 24).	Public Conveniences (P.H. Act, 1890, S. 20).	Public Baths and Washhouses (P.H. Act, 1890, S. 21).	Regulations under Dairies, Cowsheds and Piggeries Order, 1885.	Infectious Diseases (Prevention) Act, 1890.	Public Health Acts Amendment Act, 1890.	Public Health Acts Amendment Act, 1897.	Public Health Act, 1925 (Parts II to V).
Ashford	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (fish-frying)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (Parts 2, 3 & 4)	Yes
Beckenham	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (fish-frying)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bexley...	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (fish-frying)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Broadstairs and St. Peter's.	Yes	Yes	Yes (less house-refuse removal)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bromley Borough	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chatham (Borough)...	Yes	Yes	Yes	Yes	No. Local regulations for management of mortuaries	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cheriton	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chislehurst	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Crayford	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dartford	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deal (Borough)...	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dover (Borough)...	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Erith	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Faversham (Borough)...	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Folkestone (Borough)...	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gillingham (Borough)...	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gravesend (Borough)...	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Herne Bay	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hythe (Borough)...	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lydd (Borough)...	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Maidstone (Borough)...	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Margate (Borough)...	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Milton Regis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
New Romney (Borough)...	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Northfleet	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Penge	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Queenborough (Borough)...	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ramsgate (Borough)...	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Rochester City	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sandgate	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sandwich (Borough)...	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sevenoaks	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sheerness	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Silecup	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Stirlingbourne	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Southborough	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tenterden (Borough)...	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tonbridge	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Timbridge Wells (Borough)...	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Walmer	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Whitstable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wrotham	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

¹ Revised within the last six years.
Corporation Acts are in Force in Folkestone, Chatham, Maidstone.

² In the Borough of Sandwich, Bye-Laws as to Cleansing, &c., and Removal of Refuse, Slaughterhouses, Prevention of Nuisances, Keeping of Animals and Removal of Offensive Matters and House-refuse were made under the Local Government Act, 1858.

³ Public Health Acts Amendment Act, 1907.—In the following districts, only the sections stated are in force:—

Beckley—Except sections 50, 61, 63, 74, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

Herne Bay—Parts II. to X. inclusive.
Hythe—Sections 15 to 23, 27 to 31, and 33 of Part II.; Sections 34 to 38, 43 to 49, and 51 of Part III.; Sections 52 to 60 and 62 to 65 of Part IV.
Northfleet—Except Sections 39, 40, 41, 42 and 67.
Sandwich—Section 50.
Sevenoaks—Parts II., III. and IV., Sections 15 to 17, 20, 21, 22 to 30, 32 to 38, 44 to 53, 55 to 59, 62 to 65, and 67.

⁴ Public Health Act, 1925.—In the following districts, only the Sections stated are in force:—

Chatham—Sections 17, 18, 19, 20, 28, 30, 31, 35, 38, 43, 49, 51, 52, 53, 54, 55.
Chislehurst—The adoptive provisions, except part V.
Milton Regis—Part II. (except Sec. 20) and subject to consent of Ministry of Health as regards Sections 21 and 22; Part III. (subject to consent of Ministry of Health as regards Sec. 41); Part IV.; Part V. (subject to consent of Ministry of Health).

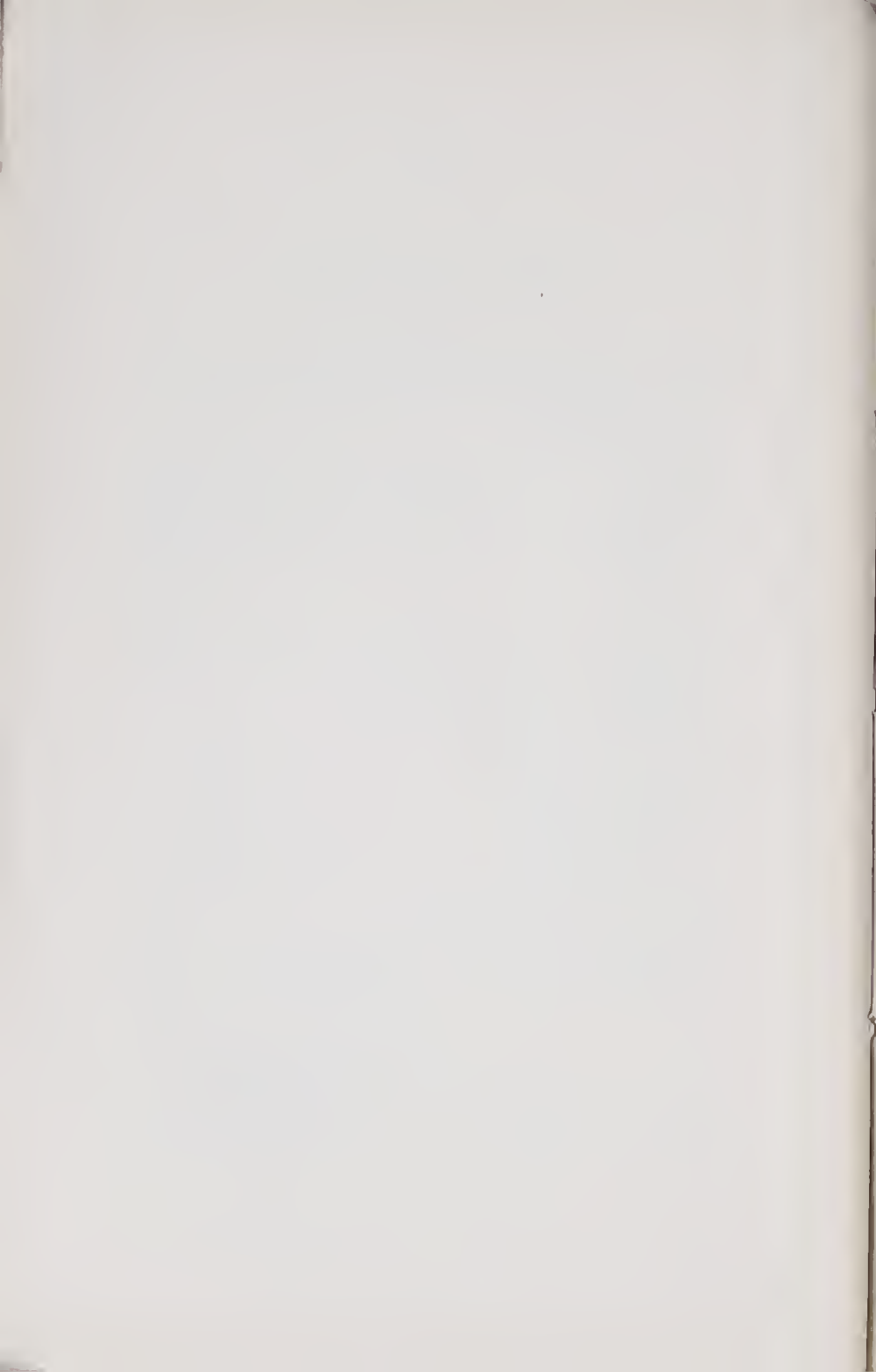


TABLE 37. Information respecting the various Adoptive Acts, Bye-Laws and Regulations which are in force in the RURAL DISTRICTS of the County of Kent.

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DISTRICT.	Common Lodging Houses (P.H. Act, 1875, S. 80).	Houses let in Lodgings (P.H. Act, 1875, S. 80).	Cleaning, Ac., and Removal of Refuse (P.H. Act, 1875, S. 41).	Tents, Vans, Sheds, &c. (H.W.C. Act, 1885, S. 11 (2) a).	Public M. rtuaries (P.H. Act, 1875, S. 141).	Hop-Pickers and Fruit Pickers (P.H. Act, 1875, S. 314, and P.H. Act, 1875, S. 169).	Slaughter-houses (P.H. Act, 1875, S. 169).	Prevention of Nuisances (P.H. Act, 1875, S. 46).	Keeping of Animals (P.H. Act, 1875, S. 41).	Offensive Trades (P.H. Act, 1875, S. 115).	New Streets and Buildings (P.H. Act, 1875, S. 159 and P.H.A.A. Act, 1890, S. 23).	Removal of Offensive Matters and Refuse (P.H.A.A. Act, 1890, S. 26).	Public Conveniences (P.H.A.A. Act, 1890, S. 26).	Public Baths and Washhouses (B. & W. Act, 1846, S. 51).	Regulations under the Dairies, Cow-sheds and Milkshops Order, 1885.	Infectious Disease (Prevention) Act, 1891.	Public Health Acts Amendment Act, 1890.	Public Health Acts Amendment Act, 1907.	Public Health Act, 1925 (Parts II. to V.)
Ashford, East	Yes	.....	Yes	In 18 contributory places	.....	.....	.....	In 4 contributory places	.....	.....	.....	Yes	Yes	Yes (P. 2)	Yes†	.....
Ashford, West	Yes	.....	Yes	.....	.....	.....	.....	Yes	.....	.....	.....	Yes	.....	.....	.....	.....
Blean	Yes	.....	.....	.....	.....	Yes	.....	.....	.....	Yes*	.....	.....	.....	.....
Bridge	Yes	.....	.....	.....	.....	Yes	.....	.....	.....	Yes	.....	.....	.....	.....
Bromley	Yes	.....	.....	.....	.....	Yes	.....	.....	.....	Yes	.....	.....	.....	.....
Cranbrook	Yes	.....	.....	.....	.....	Yes	.....	.....	.....	Yes	.....	.....	.....	.....
Dartford	Yes	.....	.....	.....	.....	Yes	.....	.....	.....	Yes	.....	.....	.....	.....
Dover	Yes	.....	.....	.....	Yes	.....	.....	.....	.....
Eastry	Yes	.....	.....	.....	.....	Yes	.....	.....	.....	Yes	.....	.....	.....	.....
Elham	Yes	.....	.....	.....	.....	Yes*	.....	.....	.....	Yes	.....	.....	.....	.....
Faversham	Yes	.....	.....	.....	.....	Yes*	.....	.....	.....	Yes	.....	.....	.....	.....
Hollingbourn	Yes	.....	.....	.....	.....	Yes, in seven parishes	.....	.....	.....	Yes	.....	.....	.....	.....
Hoo	Yes	.....	.....	.....	.....
Maidstone	Yes	.....	.....	.....	.....	Yes	.....	.....	.....	Yes	.....	.....	.....	.....
Malling	Yes	.....	.....	.....	.....	Yes*	.....	.....	.....	Yes	.....	.....	.....	.....
Milton
Romney Marsh	Yes*	.....	.....	.....	Yes	.....	.....	.....	.....
Stevensons	Yes*	.....	.....	.....	Yes	.....	.....	.....	.....
Sheppey	Yes	.....	.....	.....	Yes	.....	.....	.....	.....
Strood	Yes	.....	.....	.....	Yes	.....	.....	.....	.....
Strood	Yes	.....	.....	.....	Yes	.....	.....	.....	.....
Tenterden	Yes	.....	.....	.....	Yes	.....	.....	.....	.....
Thanet	Yes	.....	.....	.....	Yes	.....	.....	.....	.....
Tonbridge	Yes	.....	.....	.....	Yes	.....	.....	.....	.....

a Urban Powers obtained for the Parishes of Boughton, Lynsted, Ospringe, Teynham, Preston and Faversham (Without only), in 1875. Bye-Laws made in 1879.

b New buildings and certain matters connected with buildings (not streets).

c In parishes of Frindsbury, Denton and Strood.

† Public Health Acts Amendment Act, 1907.—In the following districts, only the Sections stated are in force:—

Ashford, East.—Part IV. and Sections 34—38 inclusive, 43—47 inclusive, 49 and 50 of Part III.

Blean.—Sections 15, 16, 17 and 23 of Part II. Sections 34, 35, 38, 43, 44, 46 and 49 of Part III. Part IV.

Bromley.—Part II, Sections 20 to 24 inclusive, 29 to 33 inclusive; Part III, Sections 35 to 38 inclusive, 43 to 45 inclusive, 49 and 51; Part IV., Sections 52 to 68 inclusive; for the whole of Bromley R.D.; and Part II., Sections 15 to 18 inclusive, and Section 27, for 19 contributory places, and one special drainage district.

Cranbrook.—Section 25 of Part II., and Sections 34, 35, 36, 37, 38, 43, 44, 45, 46 and 49 of Part III.

Elham.—Sections 23 and 25 of Part II.; 34 to 46, 48, 49 and 50 of Part III.; and the whole of Part IV.

Faversham.—Part IV. and certain Sections of Part III.

Romney Marsh.—Urban powers under Section 23 (3), 25 and 33. (Act of 1890).

Thanet.—Section 38 (only in three contributory places); Section 51 (only in two contributory places); Sections 34—37, 39—50 (all inclusive) and 94, in one contributory place; and Part IV.

‡ Public Health Act, 1925.—In this district only the Sections stated are in force:—Part II. (except Sections 17 to 22, 24 and 35); Part III. (except Sections 39 and 44); Part IV.

* Revised within the last 6 years.

